

**Notice of
Service of Process**

Dover, DE • Los Angeles • Sacramento • Springfield, IL • Albany • New York

615 South DuPont Highway, Dover, Delaware 19901
(302) 734-1450 Toll Free (800) 483-1140
Fax (800) 253-5177 Email: statrep@nationalcorp.com

DATE: April 19, 2011

TO: David J Croft
Synthes USA HQ, Inc.
1302 Wrights Lane East
West Chester, PA 19380

RE: SERVICE OF PROCESS:
SYNTHERS USA SALES, LLC

SENT VIA:

- Email
 Federal Express
 Fascimile Transmission
 Other:
Tracking Number:
797003462802

The enclosed Service of Process was received by the statutory agent in: **Tennessee**
on the date of: **April 18, 2011**
received via: **Personal Service**

TITLE OF ACTION: Oneida V. Leech, et al. vs. SYNTHERS USA SALES, LLC, et al.

COURT AND CASE NO: Circuit Court of Dickson County, State of Tennessee

Case No. 22CC-2011-CV-58
Summons and Complaint

RESPONSE REQUIRED BY: Within thirty (30) days

NOTE:

Sincerely,

Wayne Rafanelli, Manager - Registered Agent Services

Please sign, date and return the attached confirmation receipt using the enclosed addressed envelope, via fax (800-253-5177) or via e-mail (statrep@nationalcorp.com).

Please carefully review the document referenced above to confirm all information, including the Response Date, for accuracy. The information noted above is provided based on our review and is not a legal opinion.

PLEASE CONSULT THE SERVICES OF A COMPETENT PROFESSIONAL ATTORNEY.

EXHIBIT

tabbed

A

Dover, DE • Los Angeles • Sacramento • Springfield, IL • Albany • New York

615 South DuPont Highway, Dover, Delaware 19901
(302) 734-1450 Toll Free (800) 483-1140
Fax (800) 253-5177 Email: statrep@nationalcorp.com

For NCR use only. Please do not write in this area.

Date Rcvd: _____

Rcvd By: _____

DATE: April 18, 2011

TO: David J Croft
Synthes USA HQ, Inc.
1302 Wrights Lane East
West Chester, PA 19380

RE: SERVICE OF PROCESS:
SYNTHERS USA SALES, LLC

**Confirmation of Receipt of
Notice of Service of Process**

The enclosed Service of Process was received by the statutory agent in: **Tennessee**
on the date of: **April 18, 2011**
received via: **Personal Service**

TITLE OF ACTION: Oneida V. Leech, et al. vs. SYNTHERS USA SALES, LLC, et al.

COURT AND CASE NO: Circuit Court of Dickson County, State of Tennessee

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Summons and Complaint

RESPONSE REQUIRED BY: Within thirty (30) days

Please sign, date and return the attached confirmation receipt using the enclosed addressed envelope, via fax (800-253-5177) or via e-mail (statrep@nationalcorp.com). Your failure to execute and return this receipt will not impose any liability on NCR.

Signature of Recipient

Date

If the above contact and/or address is no longer accurate for SOP notification, please provide updated contact/address:

STATE OF TENNESSEE
CIRCUIT COURT OF DICKSON COUNTY

Oneida V. Leech
and Samuel L. Leech

Plaintiff

Synthes USA, LLC vs.
and Synthes, Inc.

Defendant

SUMMONS

No. 2011-2011-CV-58

CIVIL ACTION

To the defendant(s) Synthes USA, LLC - Registered agent: National Corporate Research, Ltd., Inc.
9924 Davidson Drive, Suite B, Nashville, Tennessee 37205

You are hereby summoned to appear and defend a civil action filed against you in the Circuit Court of Dickson County, Tennessee, within thirty (30) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement can be taken against you for the relief demanded in the complaint.

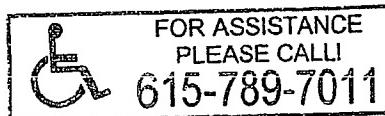
Also, you are summoned to appear before the Judge at Charlotte, TN on the day of April 19, 2011, and show cause

Plaintiff's attorney is

Witness, Pamela (Pam) A. Myatt, Clerk of said Court, at office this the 12 day of April, 2011.

Pamela (Pam) A. Myatt, Clerk

By: Pam Myatt /AHB
Deputy Clerk



RETURN OF SERVICE OF SUMMONS

I hereby certify and return that on the April 19, 2011, I hereby served this Summons, together with the complaint therein, by delivering a copy of the same to:

Oneida V. Leech and Samuel L. Leech

Sheriff

After diligent search and inquiry, the defendant is not to be found in Dickson County, Tennessee and is a resident of the State of

Sheriff

No.

Oneida V. Leech
and Samuel L. Leech

Plaintiff
vs. (Summons)

Synthes USA, LLC

Synthes, Inc.
Defendant

RETURN ON SERVICE OF SUMMONS BY MAIL

I hereby certify that on the _____ day of _____, 20_____, I sent, postage prepaid, by registered return receipt mail or certified receipt mail, a certified copy of the summons and a copy of the complaint in Case No. _____ to the defendant _____.

On the _____ day of _____, 20_____, I received the return receipt for said registered or certified mail, which had been signed by _____ on the _____ day of _____, 20_____. Said return receipt is attached to this original summons and both documents are being sent herewith to the Clerk for filing.

SWORN TO AND SUBSCRIBED BEFORE ME ON
THIS _____ DAY OF _____, 20_____.

PLAINTIFF, PLAINTIFF'S ATTORNEY OR
OTHER PERSON AUTHORIZED BY
STATUE TO SERVE PROCESS

____ NOTARY PUBLIC or ____ DEPUTY CLERK
MY COMMISSION EXPIRES: _____

NOTICE

TO THE DEFENDANT(S):

Attach Return Receipt Here

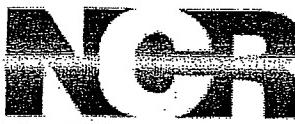
Tennessee law provides a four thousand dollar (\$4,000.00) personal property exemption from execution or seizure to satisfy a judgment. If a judgment should be entered against you in this action and you wish to claim property as exempt, you must file a written list, under oath, of the items you wish to claim as exempt with the clerk of the court. The list may be filed at any time and may be changed by you thereafter as necessary; however, unless it is filed before the judgment becomes final, it will not be effective as to any execution or garnishment issued prior to the filing of the list. Certain items are automatically exempt by law and do not need to be listed; these include items of necessary wearing apparel (clothing) for yourself and your family and trunks or other receptacles necessary to contain such apparel, family portraits, the family Bible, and school books. Should any of these items be seized you would have the right to recover them. If you do not understand your exemption right or how to exercise it, you may wish to seek counsel of a lawyer.

STATE OF TENNESSEE
COUNTY OF DICKSON

I, Pamela (Pam) A. Myatt, Clerk of the Dickson County Circuit Court in Charlotte, Tennessee, do hereby certify this to be a true and correct copy of the original summons filed in this case.

(To be completed only if
copy certification required):

By: _____ DEPUTY CLERK



**NATIONAL
CORPORATE
RESEARCH, LTD.**

The Right Response at the Right Time, Every Time.

Dover, DE • Los Angeles • Sacramento • Springfield, IL • Albany • New York

615 South DuPont Highway, Dover, Delaware 19901

(302) 734-1450 Toll Free (800) 483-1140

Fax (800) 253-5177 Email: statrep@nationalcorp.com

SP266269

For NCR use only. Please do not write in this area.

Date Rcvd: _____

Rcvd By: _____

DATE: April 19, 2011

TO: David J Croft
Synthes USA HQ, Inc.
1302 Wrights Lane East
West Chester, PA 19380

**Confirmation of Receipt of
Notice of Service of Process**

RE: SERVICE OF PROCESS:
SYNTHERS, INC.

The enclosed Service of Process was received by the statutory agent in: **Delaware**
on the date of: **April 19, 2011**
received via: **Certified Mail**

TITLE OF ACTION: Oneida V. Leech and Samuel L. Leech vs. Synthes USA Sales, LLC, et al. including
SYNTHERS, INC.

COURT AND CASE NO: In the Circuit Court of Dickson County, State of Tennessee at Charlotte

Case No. 2200-2011-CV-58
Summons and Complaint

RESPONSE REQUIRED BY: Within thirty (30) days

Please sign, date and return the attached confirmation receipt using the enclosed addressed envelope,
via fax (800-253-5177) or via e-mail (statrep@nationalcorp.com). Your failure to execute and return
this receipt will not impose any liability on NCR.

Signature of Recipient

Date

If the above contact and/or address is no longer accurate for SOP notification, please provide updated contact/address:



State of Tennessee
Department of State
Division of Business Services

312 Rosa L Parks Ave
6th Floor Wm. R. Snodgrass Tower
Nashville, Tennessee 37243

4/14/2011
Date

70090960000115348847
Certified Number

File No: 22CC-2011-CV-58

Company: **SYNTHES, INC**

Name:

Agent/POE: R/A NATIONAL CORPORATE RESEARCH, LTD

Address: 615 SOUTH DUPONT HWY
DOVER, DE 19901

Country:

RE: ONEIDA AND SAMUEL LEECH

VS: SYNTHES USA, LLC AND SYNTHES, INC

Notice of Service

The enclosed summons and attachments are hereby officially served upon you by the Office of the Tennessee Secretary of State pursuant to Tennessee Law. Please refer to the summons and attachments for details concerning the lawsuit filed against you. If you have any questions, please contact the clerk of the court which issued the summons. You can obtain the court's telephone number by calling information (area code) 555-1212. The name of the court and county where the court is located will be on the attached summons.

The summons will either tell you a court date and time at which you must appear to defend yourself or tell you the number of days from the day you are served within which you must file an answer upon the plaintiff's attorney. Failure to appear in court at the time specified or failure to answer the summons within the given time could result in a judgement by default being rendered against you for relief sought in the lawsuit.

The Secretary of State's Office cannot give you legal advice. If you need legal advice, please consult a private attorney.

Sincerely,

Tre Hargett
Secretary of State

enclosures

Initial:

CC:

STATE OF TENNESSEE
CIRCUIT COURT OF DICKSON COUNTY

Oneida V. Leech

and Samuel L. Leech

Plaintiff

vs.

Syntex USA, LLC

Civil Syntex, Inc.

Defendant

SUMMONS

No. 220-2011-CV-58.....

CIVIL ACTION

To the defendant(s) Syntex, Inc., registered agent National Corporate Research, Ltd., 615 South Department Hwy., Dover, Delaware 19901 to be served through Secretary of State.....

You are hereby summoned to appear and defend a civil action filed against you in the Circuit Court of Dickson County, Tennessee, within thirty (30) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement can be taken against you for the relief demanded in the complaint.

Also, you are summoned to appear before the Judge at Charlotte, Tennessee on the day of , 20..... and show cause

Plaintiff's attorney is

Witness, Pamela (Pam) A. Myatt, Clerk of said Court, at office this the

12

day of April

, 2011

Pamela (Pam) A. Myatt, Clerk

By:

Pam Myatt [Signature]

Deputy Clerk

RETURN OF SERVICE OF SUMMONS

I hereby certify and return that on the day of , 20....., I hereby served this Summons, together with the complaint therein, by delivering a copy of the same to:

Sheriff

After diligent search and inquiry, the defendant is not to be found in Dickson County, Tennessee and is a resident of the State of

Sheriff

No.

Oneida V. Leech
and Samuel L. Leech

Plaintiff
vs. (Summons)

Syntex USA, LLC

Defendant

RECEIVED
STATE OF TENNESSEE
2011 APR 13 AM 10:12
SECRETARY OF STATE

RETURN ON SERVICE OF SUMMONS BY MAIL

I hereby certify that on the _____ day of _____, 20_____, I sent, postage prepaid, by registered return receipt mail or certified receipt mail, a certified copy of the summons and a copy of the complaint in Case No. _____ to the defendant _____.

On the _____ day of _____, 20_____, I received the return receipt for said registered or certified mail, which had been signed by _____ on the _____ day of _____, 20_____. Said return receipt is attached to this original summons and both documents are being sent herewith to the Clerk for filing.

SWORN TO AND SUBSCRIBED BEFORE ME ON
THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC or DEPUTY CLERK
MY COMMISSION EXPIRES: _____

PLAINTIFF, PLAINTIFF'S ATTORNEY OR
OTHER PERSON AUTHORIZED BY
STATUE TO SERVE PROCESS

NOTICE

TO THE DEFENDANT(S):

Attach Return Receipt Here

Tennessee law provides a four thousand dollar (\$4,000.00) personal property exemption from execution or seizure to satisfy a judgment. If a judgment should be entered against you in this action and you wish to claim property as exempt, you must file a written list, under oath, of the items you wish to claim as exempt with the clerk of the court. The list may be filed at any time and may be changed by you thereafter as necessary; however, unless it is filed before the judgment becomes final, it will not be effective as to any execution or garnishment issued prior to the filing of the list. Certain items are automatically exempt by law and do not need to be listed; these include items of necessary wearing apparel (clothing) for yourself and your family and trunks or other receptacles necessary to contain such apparel, family portraits, the family Bible, and school books. Should any of these items be seized you would have the right to recover them. If you do not understand your exemption right or how to exercise it, you may wish to seek counsel of a lawyer.

STATE OF TENNESSEE
COUNTY OF DICKSON

(To be completed only if
copy certification required).

I, Pamela (Pam) A. Myatt, Clerk of the Dickson County Circuit Court in Charlotte, Tennessee, do hereby certify this to be a true and correct copy of the original summons filed in this case.

By: 
PAM A. MYATT, CLERK

COPY

IN THE CIRCUIT COURT OF DICKSON COUNTY, TENNESSEE
AT CHARLOTTE

ONEIDA V. LEECH,
and SAMUEL L. LEECH,

Plaintiffs,

vs.

SYNTHES USA SALES, LLC,
and SYNTHES, INC.

Defendants.

NO. 22CC-2011-CV-58
JURY DEMAND

FILED April 12 2011

8:33 A.M.
Pamela A. Myatt
Circuit Court Clerk

COMPLAINT

Come now the Plaintiffs, Oneida V. Leech and Samuel L. Leech, and for cause of action would show unto this Honorable Court as follows:

PARTIES, JURISDICTION, VENUE

1. The Plaintiffs, Oneida V. Leech and Samuel L. Leech, are citizens of Dickson County, Tennessee, residing at 520 Furnace Hollow Road, Dickson, Tennessee 37055.

2. The Defendant, Synthes USA Sales, LLC, is a limited liability company doing

business in the State of Tennessee. The registered agent for Synthes USA Sales LLC is National Corporate Research, Ltd., Inc., 992 Davidson Drive, Suite B, Nashville, Tennessee 37205. The principal office of Synthes USA Sales, LLC is located at 1302 Wrights Lane Ease, West Chester, Pennsylvania 19380.

3. The Defendant, Synthes, Inc., is a corporation, believed to be organized pursuant to the laws of the State of Delaware. The registered agent for Synthes, Inc. Is National Corporate Research, Ltd., 615 South Dupont Highway, Dover, Delaware 19901. The principal office of Synthes, Inc. Is located at 1302 Wrights Lane Ease, West Chester Pennsylvania 19380
4. Both Defendants, Synthes USA Sales, LLC and Synthes, Inc., have sufficient minimum contacts with the State of Tennessee to allow the Courts of the State of Tennessee to exercise jurisdiction over the Defendants.

At all times relevant to this cause of action, both Defendants have conducted business in the State of Tennessee and generated revenue as a result of this business.

5. The Defendants developed, manufactured, advertised, promoted, marketed, sold and distributed orthopaedic implants for the treatment of broken or fractured bones, and specifically dynamic hip screw systems in the State of Tennessee.

6. This Honorable Court is the proper venue over this cause of action as the damages and claims arose in Dickson County, Tennessee, pursuant to T.C.A. § 20-4-106.
7. This Honorable Court has personal jurisdiction over the two Defendants pursuant to T.C.A. § 20-2-201. The Defendants, at all relevant times relevant to this cause of action, regularly and systematically conducted, carried on, and transacted considerable and substantial business in the State of Tennessee.

AGENCY RELATIONSHIP

8. At all times relevant to this cause of action, the Defendants, both individually and collectively, and affiliates not herein named, are and were agents and/or joint ventures of each other, and in performing the acts alleged herein, were acting within the course and scope of such agency. Each of the Defendants had actual and/or constructive knowledge of the acts of the other and ratified, approved, joined in, acquiesced in and/or authorized the wrongful acts of the other and/or retained the benefits of said wrongful acts.
9. At all times relevant to this cause of action, the Defendants, each acted as the agent of the other Defendant, within the course and scope of this agency relationship regarding the acts and omissions alleged. Together these Defendants entered into an

agreement to commit the acts alleged herein and, engaged in the course of conduct and in furtherance of these goals. The Defendants acted in concert, aided and abetted each other, conspired to engage in the common course of misconduct alleged herein at the expense of the Plaintiffs.

PLAINTIFFS, ONEIDA V. LEECH and SAMUEL L. LEECH

10. During the third week of December, 2009, the Plaintiffs were attending a program at the Tennessee School for the Blind in Nashville, Davidson County, Tennessee, where their grandchild was a student. Unfortunately, during the visit, the Plaintiff, Oneida V. Leech, fell, fracturing the left proximal femur in an intertrachanleric pattern. On December 19, 2009, Mrs. Leech was treated with surgical intervention of open reduction internal fixation with sliding compression screw, Synthes DHS system. A plate was attached to the top portion of the shaft of the femur, or thigh bone, using four metal screws, just below the great trochanter. Manufactured into this plate was a tube described as a sliding screw, in the approximate length of 5/8 inch at an angle of approximately 135 degrees. A hole was drilled into the great trochanter through the neck of the femur, into the head or ball of the femur that fits into the hip socket. The tube, or sliding screw, of the plate was inserted into the hole in the great trochanter. A long compression screw was placed within the sliding compression screw, drawing the fractured bone fragments together.

11. On or about May 10, 2010, Oneida V. Leech, awoke, after a night's sleep with excruciating debilitating pain in the left hip, pelvis and upper leg. On May 12, 2010, she was seen by her orthopaedist who recommended she be treated by an additional surgical procedure to remove the broken and fractured implanted. This procedure was performed on May 17, 2010.
12. Post operatively, Oneida V. Leech, spent considerable time in an inpatient rehabilitation facility and later was treated with physical therapy.
13. Oneida V. Leech incurred expenses for medical care and treatment and endured great pain and suffering.
14. The spouse of Oneida V. Leech, Samuel L. Leech, was damaged in that he lost consortium with his wife and was deprived of her services for an extended period of time.
15. A portion, but not all, of the medical expenses incurred by the Plaintiff are as follows:

First Call Ambulance	\$1,052.81
Summitt Medical Associates	\$362.00
Radiology Alliance	\$253.00
Kroger Pharmacy	<u>\$18.55</u>
	\$1,686.36

Pursuant to T.C.A. § 24-5-113(a) confirmation of these expenses in the form of bills, invoices or statements of charges from these providers are attached hereto and incorporated herein by reference.

16. In addition to the expenses set forth in Item 15 the Plaintiff incurred other medical expenses as follows:

Premier Orthopaedics and Sport Medicine	\$21,540.00
Horizon Medical Center	\$26,546.50
Summitt Medical Center	\$56,277.65
Anesthesia Medical Group PC	\$5,475.01
Physiotherapy Associates	<u>\$3,751.00</u>
	\$113,590.16

Pursuant to T.C.A. § 24-5-113(b) confirmation of these expenses in the form of bills, invoices or statements of charges from these providers are attached hereto and incorporated herein by reference.

17. As a direct and legal consequence of the Synthes Dynamic Hip Screw System and its defects as described herein, Plaintiff, Oneida V. Leech was required to live with a painful hip and upper leg, which inhibited her ability to walk, ambulate, move around and otherwise pursue and engage in her activities of daily living. Plaintiffs, Oneida V. Leech and Samuel L. Leech have suffered the injuries, losses and damages herein claimed.

18. Prior to, on, and after the date of Plaintiff's surgery in December, 2009, and at all

relevant times, Defendants designed, distributed, manufactured, sold, and marketed the Synthes Dynamic Hip Screw System for implantation into consumers, such as Plaintiff, by physicians and surgeons in the United States.

19. At all times herein mentioned, Defendants designed, distributed, manufactured, marketed and sold the above-described Synthes Dynamic Hip Screw System, which was implanted in Plaintiff, such that it was dangerous, unsafe, and defective in manufacture. Said defects included, but were not limited to, the fact the compression screw of the Synthes Dynamic Hip Screw System broke and fractured at the point where the compression screw exited the tube or sliding screw.
20. The break and fracture of the compression screw implanted in the Plaintiff's great trochanter, neck and ball of the femur was and is a manufacturing defect and/or design defect.
21. Plaintiff's physicians implanted the Synthes Dynamic Hip Screw System in the manner in which the Synthes Dynamic Hip Screw System was intended to be used, making such use reasonably foreseeable to Defendants.
22. As a direct result and proximate result of the Defendants negligent design, manufacture, marketing and sale of the defective Synthes Dynamic Hip Screw

System, the Plaintiffs suffered the injuries described herein.

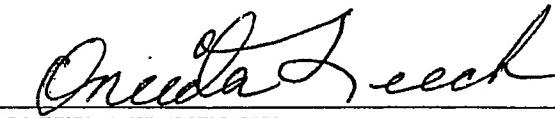
23. Defendants' design, manufacture, marketing, promotion and sale of the Synthes Dynamic Hip Screw System was a substantial factor in causing Plaintiff's injuries, losses and damages, as described herein.
24. As a direct and legal result of these injuries, it became necessary for Plaintiff to incur expenses for doctors, hospitals, nurses, and other reasonably required and medically necessary supplies and services.

PREMISES CONSIDERED, your Plaintiff's Oneida V. Leech and Samuel L. Leech would pray for the following relief:

1. That they be allowed to file this Complaint in this Honorable Court, and the Complaint be served on the Defendant, Synthes, Inc., through the Secretary of State of the State of Tennessee, and on the Defendant, Synthes USA Sales, LLC, by service on its Registered Agent for Service of Process, National Corporate Research Ltd., Inc., 992 Davidson Drive, Suite B., Nashville, Tennessee 37205.
2. That the Defendants be required to file their responsive pleadings according to law, but their oaths are waived.

3. That a jury of twelve good citizens of Dickson County, be empaneled to hear and try this cause.
4. That Oneida V. Leech be granted her reasonable damages, not in excess of Five Hundred Thousand and no/100 Dollars (\$500,000.00).
5. That Samuel L. Leech be granted his reasonable damages not to exceed Two Hundred Fifty Thousand and no/100 Dollars (\$250,000.00).
6. That the Plaintiffs have such other and general relief to which they are entitled and justice requires.

Respectfully submitted,



ONEIDA V. LEECH



SAMUEL L. LEECH



JIM SOWELL #11691
Attorney for Oneida V. Leech and Samuel L. Leech
118 North Main Street
Dickson, Tennessee 37055
(615) 446-8389

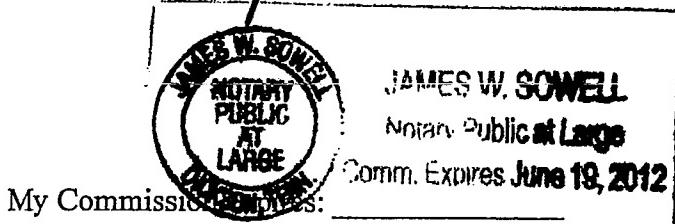
STATE OF TENNESSEE
COUNTY OF DICKSON

We, ONEIDA V. LEECH and SAMUEL L. LEECH, the Plaintiffs herein, upon first being duly sworn, hereby make oath that we have read the foregoing Complaint and that the facts and statements contained therein are true to the best of our knowledge, information and belief; that same are not made out of levity or by collusion with the Defendants, but in sincerity and truth and for the causes mention in the Complaint.

Oneida Leech
ONEIDA V. LEECH

Samuel L. Leech
SAMUEL L. LEECH

SUBSCRIBED and sworn to before me, James W. Sowell, a Notary Public on this the
11 day of April, 2011.



James W. Sowell
Notary Public

We are surety for cost in this cause not to exceed Five Hundred (\$500.00) Dollars.

Oneida Leech
ONEIDA V. LEECH

Samuel L. Leech
SAMUEL L. LEECH

Jim Sowell
JIM SOWELL

FIRST CALL AMBULANCE SERVICE METRO
 PO BOX 17345
 NASHVILLE, TN 37217-0345
 (615)324-0444
 Federal Tax ID: 770624433

REDACTED

Patient Code:

ONIEDA V LEECH

Amount Enclosed: \$

Please return top portion with payment.

Date: 03/07/2011

STATEMENT

Page 1

Patient: ONIEDA V LEECH

Code:

Date	Invoice	Description	Charges	Payments	Balance
05/19/2010	DAV-01260857	Charges	1,052.81	0.00	1,052.81
05/20/2010	DAV-01260857	Medicare Filed	0.00	0.00	
06/03/2010	DAV-01260857	Medicare 06/01/2010	0.00	456.64	596.17
06/03/2010	DAV-01260857	Writeoff	0.00	482.01	114.16
07/26/2010	DAV-01260857	POMCO 7-046 ND	0.00	114.16	0.00
07/30/2010	DAV-01260857	POMCO 7-058 SJ	0.00	114.16	-114.16
08/31/2010	DAV-01260857	RVS PYMNT ADD TO CORRECT ACCT	0.00	-114.16	0.00
Invoice Total:					0.00

AS A COURTESY WE HAVE FILED A CLAIM WITH YOUR INSURANCE CARRIER(S), IF APPLICABLE.

THE REMAINING BALANCE REFLECTED IS PATIENT RESPONSIBILITY AND DUE UPON RECEIPT.

\$ 0.00	Total Balance Due
\$ 0.00	Less amount awaiting payment from Medicare or Insurance
\$ 0.00	Total Balance Due From You

PLEASE CALL 615-324-0444 OR 1-866-232-8291 WITH ANY QUESTIONS OR TO MAKE PAYMENT ARRANGEMENTS IF YOUR ACCOUNT IS DELINQUENT TO AVOID ADDITIONAL FEES.

FOR CREDIT CARD PAYMENT OR CHANGE OF ADDRESS SEE REVERSE.

PATIENT RECEIPT

Phone: (615) 391-3971

Summit Medical Associates, PC
 5653 Frist Boulevard, Ste 630
 HERMITAGE, TN 37076

Date:	3/8/2011
Patient No.:	
Phone:	(615) 391-3971
Federal ID:	

REDACTED**Diagnosis:**

401.1 - HYPERTENSION BENIGN
 250.02 - DM TYPE II UNCONTROLLED
 530.11 - ESOPHAGITIS REFLUX
 244.9 - HYPOTHYROIDISM UNSPECIFIED

ONEIDA V. LEECH

Date	Code	POS Description	Prov	Diag	Beginning Balance:	\$0.00	Total
					Amount	Balance	
05/17/2010	99223	21 LEVEL III INITIAL HOSP.	RENTUZA	401.1	\$252.00	\$252.00	\$252.00
05/18/2010	99232	21 LEVEL II SUBSEQUENT HOSPITAL	RENTUZA	401.1	\$110.00	\$362.00	\$362.00
06/08/2010	14	PO PAY-MEDICARE#884994512	RENTUZA		(\$201.28)	\$160.72	\$160.72
06/08/2010	54	W1 W/O MEDICARE	RENTUZA		(\$110.40)	\$50.32	\$50.32
06/08/2010	COINS	PO COINSURANCE \$50.32	RENTUZA			\$50.32	\$50.32
06/25/2010	16	PO PAY- PPO 006763177 POMCO	RENTUZA		(\$50.32)	\$0.00	\$0.00

Ending Balance: \$0.00

Class	Current	St - 60	St + 60	Over 90	Balance
Patient	0.00	0.00	0.00	0.00	0.00
Insurance	0.00	0.00	0.00	0.00	0.00
Total	0.00	0.00	0.00	0.00	0.00

RADIOLOGY ALLIANCE, P.C.
 210 25TH AVENUE NORTH SUITE 602
 NASHVILLE, TN 37203
 (615) 312-0600

Patient:

Acct #:
 LEECH, ONEIDA VON

REDACTED

Responsible party:
 LEECH, ONEIDA VON

Srvc. Date	Proc. Code	Proc. Description	Charge	Balance	Physician
05/12/2010	73700	CT SCAN LOWER EXT. W/O CONT.	\$155.00	\$0.00	Gray, Scott D
		Insurance Payment: 06/09/2010 of \$41.66	Adjustment: \$102.93		
		Insurance Payment: 06/24/2010 of \$10.41			
05/14/2010	71020	CHEST 2 VIEWS PA & LATERAL	\$31.00	\$0.00	Goodin, Ellis L
		Insurance Payment: 06/09/2010 of \$8.44	Adjustment: \$20.45		
		Insurance Payment: 06/24/2010 of \$2.11			
05/17/2010	73500	HIP UNILATERAL SINGLE VIEW	\$25.00	\$0.00	Bartek, John B
		Insurance Payment: 06/22/2010 of \$6.90	Adjustment: \$16.38		
		Insurance Payment: 06/30/2010 of \$1.72			
05/17/2010	73530	HIP IN OPERATING ROOM	\$42.00	\$0.00	Bartek, John B
		Insurance Payment: 06/22/2010 of \$11.72	Adjustment: \$27.35		
		Insurance Payment: 06/30/2010 of \$2.93			

TOTAL BALANCE: \$0.00
 Print Date: 03/04/2011

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 Reproduced Friday, March 4, 2011 08:11:54 AM (lengle)
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Customer Statement Report

Date Range: 12/01/2009 to 01/13/2011

REDACTED

Page: 1 of 4

Patient: ONEIDA LEECH
Address:

Date of Birth:

Statement prepared at: KROGER PHARMACY 02400523
143 HENSELLE DR
DICKSON, TN 37055
Phone: 615-446-5222
NPI#:

Fill Date	RX #	Drug Name	NDC #	Qty	Days Supply	Prescriber Name	Insurer(s)	TP Auth #	Insurance Amount	Patient Resp	Total Amt
01/05/10	02400523-4608856	Zolpidem Tartrate 5 Mg Tablet	5511047801	30	30	Stephens, Walter	Soin	Medicare D-Prescr1 24005231002454987	\$3.68	\$7.00	\$10.66
01/05/10	02400523-2301155	Oxycodone-Acetaminophen	00406051201	30	10	Stephens, Walter	Soin	Medicare D-Prescr1 24005231002458542	\$0.00	\$3.78	\$3.78
01/05/10	02400523-6461332	Omeprazole Dr 20 Mg	62175011843	30	30	Stephens, Waller	Soin	Medicare D-Prescr1 24005231002454986	\$11.28	\$7.00	\$18.28
01/09/10	02400523-6417339	Pantoprazole Sod Dr 20 Mg	00008060601	60	60	Perrigin, Julia	Soin	Medicare D-Prescr1 24005231002466924	\$95.75	\$84.00	\$179.75
01/09/10	02400523-6405326	Polyethylene Glycol 3350	00574041205	527	30	Perrigin, Elfred	Soin	Medicare D-Prescr1 24005231002466838	\$19.02	\$7.00	\$26.02
01/21/10	02400523-8454665	Levothyroxine 60 Mcg Tablet	00527134210	30	30	Perrigin, Julia	Soin	Medicare D-Prescr1 24005231002498504	\$0.00	\$4.00	\$4.00
02/08/10	02400523-6457920	Polymyxin B-Tmp Eye Drops	24208031510	10	30	Perrigin, Julia	Soin	Medicare D-Prescr1 24005231002466924	\$0.00	\$4.00	\$4.00
02/08/10	02400523-8457899	Alliquatol 300 Mg Tablet	00378018101	30	30	Perrigin, Julia	Soin	Medicare D-Prescr1 24005231002466838	\$19.02	\$7.00	\$26.02
02/08/10	02400523-4409793	Zolpidem Tartrate 10 Mg	5511047801	30	60	Perrigin, Julia	Soin	Medicare D-Prescr1 24005231002498504	\$0.00	\$4.00	\$4.00
02/08/10	02400523-8457915	Glimipride 4 Mg Tablet	3511032205	60	30	Perrigin, Julie	Soin	Medicare D-Prescr1 24005231002542485	\$19.02	\$7.00	\$26.02
02/08/10	02400523-8457901	Lovastatin 40 Mg Tablet	00093092810	30	30	Perrigin, Julie	Soin	Medicare D-Prescr1 24005231002542485	\$0.00	\$4.00	\$4.00
02/11/10	02400523-6458670	Doxycycline Hyclate 50 Mg	00591553650	30	30	Mcduire, Daniel	Soin	Medicare D-Prescr1 24005231002542485	\$0.00	\$12.21	\$12.21
02/22/10	02400523-6406326	Polyethylene Glycol 3350	00574041205	527	30	Wiser, Edred	Soin	Medicare D-Prescr1 24005231002542484	\$1.00	\$7.00	\$8.00
02/22/10	02400523-6454665	Levothyroxine 50 Mcg Tablet	00527134210	30	30	Perrigin, Julie	Soin	Medicare D-Prescr1 24005231002542492	\$12.22	\$7.00	\$19.22
02/23/10	02400523-6417339	Protonix Dr 20 Mg Tablet	00008084881	60	60	Perrigin, Julie	Soin	Medicare D-Prescr1 24005231002554521	\$0.00	\$3.16	\$3.16
03/08/10	02400523-6457899	Allpurinol 300 Mg Tablet	00378018105	30	30	Perrigin, Julie	Soin	Medicare D-Prescr1 24005231002571766	\$19.02	\$7.00	\$26.02
03/08/10	02400523-6468670	Doxycycline Hyclate 50 Mg	00591553650	30	30	Mcduire, Daniel	Soin	Medicare D-Prescr1 24005231002590958	\$0.00	\$4.00	\$4.00
03/08/10	02400523-6457899	Glimipride 4 Mg Tablet	5511032205	60	30	Perrigin, Julie	Soin	Medicare D-Prescr1 24005231002590957	\$0.00	\$3.16	\$3.16
03/08/10	02400523-8457801	Lovastatin 40 Mg Tablet	00093092810	30	30	Perrigin, Julie	Soin	Medicare D-Prescr1 24005231002590959	\$1.00	\$7.00	\$8.00
03/28/10	02400523-6406326	Polyethylene Glycol 3350	00574041205	527	30	Wiser, Edred	Soin	Medicare D-Prescr1 24005231002638754	\$19.02	\$7.00	\$26.02

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Customer Statement Report

ONEIDA LEECH

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Fill Date	RX #	Drug Name	NDC #	Qty	Day Supply	Prescriber Name	Insurer(s)	TP Auth #	Insurance Amount	Patient Resp	Total Amt
03/25/10	02400523-5454665	Liothyroxine 50 Mcg Tablet	00527134210	30	30	Periggin, Julie	Medicare D-Prescrpt 24005231002638753		\$0.00	\$4.00	\$4.00
03/26/10	02400523-5468040	Indometacin Er 75 Mg	00165077001	180	90	Periggin, Julie	Sohn	Medicare D-Prescrpt 24005231002643007	\$406.43	\$2.00	\$427.43
04/09/10	02400523-5441003	Diovan Hct 320-12.5 Mg Tab	00078047134	90	90	Periggin, Julie	Sohn	Medicare D-Prescrpt 24005231002670304	\$175.51	\$126.00	\$301.51
04/09/10	02400523-5457899	Allopurinol 300 Mg Tablet	00378018105	30	30	Periggin, Julie	Sohn	Medicare D-Prescrpt 24005231002670301	\$0.00	\$4.00	\$4.00
04/09/10	02400523-5457915	Glimepiride 4 Mg Tablet	5511032205	60	30	Periggin, Julie	Sohn	Medicare D-Prescrpt 24005231002670302	\$1.00	\$7.00	\$8.00
04/09/10	02400523-5457901	Lovastatin 40 Mg Tablet	00083092810	30	30	Periggin, Julie	Sohn	Medicare D-Prescrpt 24005231002670303	\$1.75	\$7.00	\$8.75
04/28/10	02400523-545626	Parathyriene Glycol 350	00574041205	527	30	Periggin, Eldred	Sohn	Medicare D-Prescrpt 24005231002692550	\$19.02	\$7.00	\$26.02
05/03/10	02400523-5454685	Levothyroxine 50 Mcg Tablet	00327134210	30	30	Periggin, Julie	Sohn	Medicare D-Prescrpt 24005231002695169	\$0.00	\$4.00	\$4.00
05/03/10	02400523-5457899	Allopurinol 300 Mg Tablet	00378018105	30	30	Periggin, Julie	Sohn	Medicare D-Prescrpt 24005231002695168	\$0.00	\$4.00	\$4.00
05/03/10	02400523-5457915	Glimepiride 4 Mg Tablet	5511032201	60	30	Periggin, Julie	Sohn	Medicare D-Prescrpt 24005231002695167	\$1.00	\$7.00	\$8.00
05/03/10	02400523-5457901	Lovastatin 40 Mg Tablet	00083092805	30	30	Periggin, Julie	Sohn	Medicare D-Prescrpt 24005231002695170	\$1.75	\$7.00	\$8.75
05/03/10	02400523-5457939	Protonix Dr 20 Mg Tablet	00080804381	60	60	Periggin, Julie	Sohn	Medicare D-Prescrpt 24005231002695171	\$174.32	\$84.00	\$258.32
05/15/10	02400523-5454665	Hydrocodone-Acetaminophen	00603398721	100	12	Dimlek, Robert	Sohn	Medicare D-Prescrpt 24005231002710281	\$11.55	\$7.00	\$18.55
06/15/10	02400523-5457250	Promethazine 25 Mg Tablet	68382024011	40	10	Periggin, Julie	Sohn	Medicare D-Prescrpt 24005231002746425	\$0.00	\$5.31	\$5.31
06/18/10	02400523-5454665	Levothyroxine 50 Mcg Tablet	00527134210	30	30	Periggin, Julie	Sohn	Medicare D-Prescrpt 24005231002747474	\$0.00	\$4.00	\$4.00
06/18/10	02400523-5457899	Allopurinol 300 Mg Tablet	00378018105	30	30	Periggin, Julie	Sohn	Medicare D-Prescrpt 24005231002747473	\$1.75	\$7.00	\$8.75
06/18/10	02400523-5457901	Lovastatin 40 Mg Tablet	00083092810	30	30	Periggin, Julie	Sohn	Medicare D-Prescrpt 24005231002747473	\$0.00	\$4.00	\$4.00
06/18/10	02400523-5457915	Glimepiride 4 Mg Tablet	5511032205	60	30	Periggin, Julie	Cash	Medicare D-Prescrpt 24005231002747474	\$0.00	\$8.00	\$8.00
06/18/10	02400523-5457987	Polyethylene Glycol 3350	00574041205	527	30	Periggin, Eldred	Sohn	Medicare D-Prescrpt 24005231002750387	\$19.02	\$7.00	\$26.02
08/18/10	02400523-2305085	Oxyacetone-Acetaminophen	00406051201	25	8	Periggin, Eldred	Sohn	Medicare D-Prescrpt 24005231002750385	\$0.00	\$3.35	\$3.35
07/01/10	02400523-5457937	Maximum D3 10,000 Units	65684099905	5	35	Periggin, Julie	Cash	Medicare D-Prescrpt 24005231002750385	\$0.00	\$4.00	\$4.00
07/21/10	02400523-5441003	Diovan Hct 320-12.5 Mg Tab	00078047134	90	90	Periggin, Julie	Sohn	Medicare D-Prescrpt 24005231002783143	\$181.49	\$126.00	\$307.49
07/21/10	02400523-5457915	Glimepiride 4 Mg Tablet	5511032205	60	30	Periggin, Julie	Sohn	Medicare D-Prescrpt 24005231002783143	\$0.00	\$4.00	\$4.00
07/21/10	02400523-5457899	Allopurinol 300 Mg Tablet	00378018105	30	30	Periggin, Julie	Sohn	Medicare D-Prescrpt 24005231002783144	\$0.00	\$4.00	\$4.00
07/21/10	02400523-5457901	Levothyroxine 50 Mcg Tablet	00527134210	30	30	Periggin, Julie	Sohn	Medicare D-Prescrpt 24005231002783144	\$0.00	\$4.00	\$4.00
07/22/10	02400523-5457895	Protonix Dr 20 Mg Tablet	00080804381	3	3	Periggin, Julie	Sohn	Medicare D-Prescrpt 24005231002783142	\$0.00	\$0.00	\$0.00
07/26/10	02400523-5457895	Protonix Dr 20 Mg Tablet	00080804381	87	87	Periggin, Julie	Sohn	Medicare D-Prescrpt 24005231002785280	\$283.16	\$126.00	\$409.16
08/09/10	02400523-5457837	Maximum D3 10,000 Units	66394099905	5	35	Periggin, Julie	Cash		\$0.00	\$4.99	\$4.99

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ONEIDA LEHIGH										Prescriber Name				Insurer(s)			Patient Resp			Total Amt	
Fill Date	RX #	Drug Name	NDc #	Qty	Supply	Prescriber Name	1st / 2nd	TP Auth #	Insurance Amount												
08/09/10	02400523-6492877	Polyethylene Glycol 350	00874041205	527	30	Wiser, Elifred			Medicare D-Prescrpt 24005231002827228	\$19.02		\$7.00		\$26.02							
08/10/10	02400523-6492918	Glimepirdine 4 Mg Tablet	5511032205	60	30	Perrigin, Julie	Soin		Medicare D-Prescrpt 24005231002827227	\$1.00		\$7.00		\$8.00							
08/26/10	02400523-6496277	Allopurinol 300 Mg Tablet	00378018105	30	30	Perrigin, Julie	Soin		Medicare D-Prescrpt 24005231002853290	\$0.00		\$4.00		\$4.00							
08/26/10	02400523-6496278	Lavothroxine 50 Mug Tablet	00527134210	30	30	Perrigin, Julie	Soin		Medicare D-Prescrpt 24005231002853289	\$0.00		\$4.00		\$4.00							
08/31/10	02400523-6497285	Lovastatin 40 Mg Tablet	00093092810	30	30	Perrigin, Julie	Soin		Medicare D-Prescrpt 24005231002860489	\$1.75		\$7.00		\$8.75							
09/15/10	02400523-6500372	Maximum D3 10,000 Units	66594099805	5	35	Perrigin, Julie	Soin		Medicare D-Prescrpt 24005231002877337	\$0.00		\$4.98		\$4.98							
09/20/10	02400523-6500374	Gabapentin 300 Mg Capsule	14550051204	30	30	Perrigin, Julie	Soin		Medicare D-Prescrpt 24005231002877336	\$0.90		\$7.00		\$7.90							
09/15/10	02400523-6500377	Polyethylene Glycol 3350	00574041205	30	30	Perrigin, Julie	Soin		Medicare D-Prescrpt 24005231002877698	\$0.00		\$2.66		\$2.66							
09/20/10	02400523-6492877	Glimepirdine 4 Mg Tabl	5511032205	60	30	Perrigin, Julie	Soin		Medicare D-Prescrpt 24005231002877697	\$1.00		\$7.00		\$8.00							
09/20/10	02400523-6496277	Alliquintol 300 Mg Tablet	00378018105	30	30	Perrigin, Julie	Soin		Medicare D-Prescrpt 24005231002877696	\$0.00		\$4.30		\$4.30							
09/23/10	02400523-6497285	Lovastatin 40 Mg Tablet	00883092810	30	30	Perrigin, Julie	Soin		Medicare D-Prescrpt 24005231002877595	\$1.75		\$7.00		\$8.75							
09/23/10	02400523-6502003	Metformin Hcl Er 500 Mg	0093726701	60	30	Perrigin, Julie	Soin		Medicare D-Prescrpt 240052310028877697	\$0.00		\$2.00		\$2.00							
09/28/10	02400523-6503063	Restasis 0.05% Eye Emulsion	00023916330	60	30	Boorman, Helen	Soin		Medicare D-Prescrpt 240052310028877696	\$0.00		\$4.30		\$4.30							
10/05/10	02400523-6496278	Levothyroxine 50 Mug Tablet	00527134210	30	30	Perrigin, Julie	Soin		Medicare D-Prescrpt 24005231002892395	\$186.36		\$47.76		\$234.12							
10/05/10	02400523-64988040	Indometacin Er 75 Mg	00185072001	90	45	Perrigin, Julie	Soin		Medicare D-Prescrpt 24005231002880283	\$0.00		\$2.00		\$2.00							
10/09/10	02400523-6503074	Gabapentin 300 Mg Capsule	14550051204	30	30	Perrigin, Julie	Soin		Medicare D-Prescrpt 24005231002896628	\$0.00		\$215.21		\$215.21							
10/11/10	02400523-6505876	Driyan Hcl 320-12.5 Mg Tab	00078047134	90	90	Perrigin, Julie	Soin		Medicare D-Prescrpt 24005231002896630	\$0.00		\$4.00		\$4.00							
10/25/10	02400523-6505372	Maximum D3 10,000 Units	66594099805	5	35	Perrigin, Julie	Soin		Medicare D-Prescrpt 24005231002896628	\$0.00		\$2.00		\$2.00							
10/25/10	02400523-6496277	Allopurinol 300 Mg Tablet	00378018105	30	30	Perrigin, Julie	Soin		Medicare D-Prescrpt 24005231002896629	\$0.00		\$7.90		\$7.90							
10/25/10	02400523-6492878	Glimepirdine 4 Mg Tabl	5511032205	60	30	Perrigin, Julie	Soin		Medicare D-Prescrpt 24005231002896627	\$0.00		\$7.07		\$7.07							
11/08/10	02400523-6498895	Protonik Dr 20 Mg Tablet	00088084381	90	80	Perrigin, Julie	Soin		Medicare D-Prescrpt 24005231002896627	\$0.00		\$4.00		\$4.00							
11/08/10	02400523-6502003	Mattamin Hd 500 Mg	000830726701	60	30	Perrigin, Julie	Soin		Medicare D-Prescrpt 24005231002979422	\$0.00		\$8.00		\$8.00							
11/08/10	02400523-6496278	Levthyroxine 50 Mug Tablet	00527134210	30	30	Perrigin, Julie	Soin		Medicare D-Prescrpt 24005231003035633	\$0.00		\$7.90		\$7.90							
11/08/10	02400523-6498895	Glimepirdine 4 Mg Tablet	5511032205	60	30	Perrigin, Julie	Soin		Medicare D-Prescrpt 24005231003035631	\$0.00		\$409.16		\$409.16							
11/08/10	02400523-6497285	Lovastatin 40 Mg Tablet	00083092810	30	30	Perrigin, Julie	Soin		Medicare D-Prescrpt 24005231003035629	\$0.00		\$4.00		\$4.00							
11/17/10	02400523-6492918	Glimepirdine 4 Mg Tablet	5511032205	60	30	Perrigin, Julie	Soin		Medicare D-Prescrpt 24005231003035634	\$0.00		\$8.00		\$8.00							
11/27/10	02400523-6496277	Allopurinol 300 Mg Tabler	00378018105	30	30	Perrigin, Julie	Soin		Medicare D-Prescrpt 24005231003079525	\$0.00		\$4.00		\$4.00							

Confidential Information

Customer Statement Report

Fill Date	RX #	Drug Name	NDC #	Qty	Prescriber Name	Insur(s)	TP Auth #	Insurance Amount	Patient Resp	Total Amt
ONEIDA LEECH										
12/13/10	02400523-6500372	Maximum D3 10,000 Units	65894099905	5	35 Perigian, Julie	Cash		\$0.00	\$4.99	\$4.99
12/13/10	02400523-6492877	Polyethylene Glycol 3350	00574041205	527	30 Wiser, Elfred	Soin	Medicare D-Prescrpt 24005231003119324	\$0.00	\$25.02	\$26.02
12/13/10	02400523-6497285	Lovastatin 40 Mg Tablet	0093082810	30	30 Perigian, Julie	Soin	Medicare D-Prescrpt 24005231003119322	\$0.00	\$4.00	\$4.00
12/13/10	02400523-6492918	Glimepiride 4 Mg Tablet	551103205	60	30 Perigian, Julie	Soin	Medicare D-Prescrpt 24005231003119323	\$0.00	\$8.75	\$8.75
12/13/10	02400523-6502003	Metformin Hcl Er 500 Mg	0093728701	60	30 Perigian, Julie	Soin	Medicare D-Prescrpt 24005231003119326	\$0.00	\$8.00	\$8.00
12/22/10	02400523-6521616	Nitrofurantoin Macro-Mac 100	00185012201	20	10 Perigian, Julie	Soin	Medicare D-Prescrpt 24005231003119321	\$0.00	\$4.00	\$4.00
12/27/10	02400523-6500374	Gabapentin 300 Mg Capsule	14560051204	30	30 Perigian, Julie	Soin	Medicare D-Prescrpt 24005231003119326	\$0.00	\$7.90	\$7.90
12/27/10	02400523-6498277	Allopurinol 300 Mg Tablet	00378018105	30	30 Perigian, Julie	Soin	Medicare D-Prescrpt 24005231003119321	\$0.00	\$4.00	\$4.00
12/27/10	02400523-6522286	Diclofenac Sod Ec 50 Mg Tab	00781178701	15	5 Perigian, Julie	Soin	Medicare D-Prescrpt 24005231003119342	\$0.00	\$13.13	\$13.13
12/27/10	02400523-6522288	Melformin Hcl 1,000 Mg	65862001001	180	90 Perigian, Julie	Soin	Medicare D-Prescrpt 24005231003119356	\$0.00	\$7.90	\$7.90
12/28/10	02400523-6522286	Diclofenac Sod Ec 50 Mg Tab	00781178701	255	85 Perigian, Julie	Soin	Medicare D-Prescrpt 24005231003119355	\$0.00	\$34.00	\$34.00
01/10/11	02400523-6497285	Lovastatin 40 Mg Tablet	0093092810	30	30 Perigian, Julie	Soin	Medicare D-Prescrpt 24005231003119324	\$0.00	\$20.00	\$20.00
01/10/11	02400523-6500876	Diovan Hct 320-12.5 Mg Tab	00078047134	90	90 Perigian, Julie	Soin	Medicare D-Prescrpt 24005231003119325	\$0.00	\$10.00	\$10.00
01/10/11	02400523-6498278	Levothyroxine 50 Mcg Tablet	00937134210	30	30 Perigian, Julie	Soin	Medicare D-Prescrpt 24005231003119399	\$199.63	\$132.00	\$331.63
01/10/11	02400523-6500372	Maximum D3 10,000 Units	65894099905	5	35 Perigian, Julie	Cash	Medicare D-Prescrpt 24005231003119400	\$0.00	\$2.00	\$2.00

Totals: Number of Prescriptions Insurance Amount
\$1 91 \$2,069.72

Patient Responsibility Total Amount
\$2,308.66 \$4,378.38

Pharmacist Signature : _____

Disclaimer: "May not reflect all prescription records and may include prescriptions filled at multiple pharmacies."

Confidential Information

Account Detail Listing

Practice corp: ANESTHESIA MEDICAL GROUP PC

Guarantor: ONEIDA LEECH

110 29TH AVENUE NORTH STE 202 NASHVILLE, TN 37203-
615-327-4304 Ext:

REDACTED

Account #:

Date	TranCode	Qty	Description	Patient	Amount	Balance
05/17/2010	SVCFE*	1	27245 / 01230 QZ Treat thigh fracture	LEECH, ONEIDA *Images*	2737.50	
09/28/2010	REBILL		Claim # 293505(P 11605) to MCAR / CAHABA		0.00	
09/28/2010	IPYMT		From Suspense Check # 884998912 61010 (4136)		-178.79	
09/28/2010	IPYMT		From Suspense Check # 06838562 (4712) from		-44.70	
09/28/2010	IPYMT		From Suspense Check # 884998913 6 10 (4137) from		-178.79	
09/28/2010	IPYMT		From Suspense Check # 06838562 (4712) from		-44.70	
11/05/2010	RVPMT		Rescinded payment Check # 883240263 110410		178.79	
11/11/2010	RVPMT		Rescinded payment Check # 883254353 110910		178.79	
11/11/2010	IPYMT		Check # 883254353 110910 (6001) from MEDICARE		-357.58	
	CWOFF		Contractual write off		-2290.52	
	COINS		Coinsurance 89.40		0.00	
			Balance -11/11/2010- Guarantor			0.00
5/17/2010	SVCFE~	1	27245 / 01230 Treat thigh fracture	LEECH, ONEIDA *Images*	1396.13	
05/26/2010	CLAIM		Claim # 216566(E 8775) to MCAR / CAHABA		0.00	
06/11/2010	IPYMT		Check # 884998912 61010 (4136) from MEDICARE		-178.79	
	CWOFF		Contractual write off		-1172.64	
	MA18		The claim information is also being forwarded to t		0.00	
	COINS		Colnsurance . 44.70		0.00	
06/14/2010	CLAIM		Cancelled Claim # 228944(P 9126) to COMM /		0.00	
08/04/2010	IPYMT		Check # 06838562 (4712) from POMCO GROUP		-44.70	
09/28/2010	RVPMT		Returned to suspense Check # 884998912 61010		178.79	
	RVCWO		Contractual write off Returned to suspense		1172.64	
	MA18		The claim information is also being forwarded to t		0.00	
09/28/2010	RVPMT		Returned to suspense Check # 06838562 (4712) from		44.70	
09/28/2010	RVFEE		PTCOR Charge posting correction		-1396.13	
			Balance -09/28/2010- Guarantor			0.00
5/17/2010	SVCFE~	1	27245 / 01230 Treat thigh fracture	LEECH, ONEIDA *Images*	1341.38	
05/26/2010	CLAIM		Claim # 216567(E 8775) to MCAR / CAHABA		0.00	
06/11/2010	IPYMT		Check # 884998913 6 10 (4137) from MEDICARE		-178.79	
	CWOFF		Contractual write off		-1117.89	
	MA18		The claim information is also being forwarded to t		0.00	
	COINS		Colnsurance . 44.70		0.00	
06/14/2010	CLAIM		Cancelled Claim # 228945(P 9126) to COMM /		0.00	
08/04/2010	IPYMT		Check # 06838562 (4712) from POMCO GROUP		-44.70	
09/28/2010	RVPMT		Returned to suspense Check # 884998913 6 10		178.79	
	RVCWO		Contractual write off Returned to suspense		1117.89	
	MA18		The claim information is also being forwarded to t		0.00	
09/28/2010	RVPMT		Returned to suspense Check # 06838562 (4712) from		44.70	
09/28/2010	RVFEE		PTCOR Charge posting correction		-1341.38	
			Balance -09/28/2010- Guarantor			0.00
5/17/2010	SVCFE~	1	20680 / 01230 Removal of support implant	LEECH, ONEIDA *Images*	0.00	
			Balance -05/26/2010- Guarantor			0.00
5/17/2010	SVCFE	1	20680 / 01230 Removal of support implant	LEECH, ONEIDA *Images*	0.00	
			Balance -10/06/2010- Guarantor			0.00
5/17/2010	SVCFE~	1	4048F Doc antibio given b/4 surg	LEECH, ONEIDA *Images*	0.01	
05/26/2010	CLAIM		Claim # 216566(E 8775) to MCAR / CAHABA		0.00	
06/11/2010	IPYMT		Check # 884998912 61010 (4136) from MEDICARE		0.00	
	96		Non-covered charge(s).		0.00	
	MADJN		MCWO Medicare Write Off		-0.01	

Account Detail Listing

Practice corp: ANESTHESIA MEDICAL GROUP PC

Guarantor: ONEIDA LEECH

110 29TH AVENUE NORTH STE 202 NASHVILLE, TN 37203-

615-327-4304 Ext:

REDACTED

Account #:

Date	TranCode	Qty	Description	Patient	Amount	Balance
09/28/2010	MADJP		REVER Contract Writeoff reversal		0.01	
09/28/2010	RVFEE		PTCOR Charge posting correction		-0.01	
			Balance -09/28/2010- Guarantor			0.00
5/17/2010	SVCFE~	1	4250F Wrmng 4 surg - normothermia	LEECH, ONEIDA *Images*	0.01	
05/26/2010	CLAIM		Claim # 216566(E 8775) to MCAR / CAHABA		0.00	
06/11/2010	IPYMT		Check # 884998912 61010 (4136) from MEDICARE		0.00	
	96		Non-covered charge(s).		0.00	
	MADJN		MCWO Medicare Write Off		-0.01	
09/28/2010	MADJP		REVER Contract Writeoff reversal		0.01	
09/28/2010	RVFEE		PTCOR Charge posting correction		-0.01	
			Balance -09/28/2010- Guarantor			0.00
5/17/2010	SVCFE~	1	4255F Anesth >= 60 min as docd	LEECH, ONEIDA *Images*	0.01	
05/26/2010	CLAIM		Claim # 216566(E 8775) to MCAR / CAHABA		0.00	
06/11/2010	IPYMT		Check # 884998912 61010 (4136) from MEDICARE		0.00	
	96		Non-covered charge(s).		0.00	
	MADJN		MCWO Medicare Write Off		-0.01	
09/28/2010	MADJP		REVER Contract Writeoff reversal		0.01	
09/28/2010	RVFEE		PTCOR Charge posting correction		-0.01	
			Balance -09/28/2010- Guarantor			0.00
5/17/2010	SVCFE~	1	4048F Doc antibio given b/4 surg	LEECH, ONEIDA *Images*	0.01	
05/26/2010	CLAIM		Claim # 216567(E 8775) to MCAR / CAHABA		0.00	
06/11/2010	IPYMT		Check # 884998913 6 10 (4137) from MEDICARE		0.00	
	96		Non-covered charge(s).		0.00	
	MADJN		MCWO Medicare Write Off		-0.01	
09/28/2010	MADJP		REVER Contract Writeoff reversal		0.01	
09/28/2010	RVFEE		PTCOR Charge posting correction		-0.01	
			Balance -09/28/2010- Guarantor			0.00
5/17/2010	SVCFE~	1	4250F Wrmng 4 surg - normothermia	LEECH, ONEIDA *Images*	0.01	
05/26/2010	CLAIM		Claim # 216567(E 8775) to MCAR / CAHABA		0.00	
06/11/2010	IPYMT		Check # 884998913 6 10 (4137) from MEDICARE		0.00	
	96		Non-covered charge(s).		0.00	
	MADJN		MCWO Medicare Write Off		-0.01	
09/28/2010	MADJP		REVER Contract Writeoff reversal		0.01	
09/28/2010	RVFEE		PTCOR Charge posting correction		-0.01	
			Balance -09/28/2010- Guarantor			0.00
5/17/2010	SVCFE~	1	4255F Anesth >= 60 min as docd	LEECH, ONEIDA *Images*	0.01	
05/26/2010	CLAIM		Claim # 216567(E 8775) to MCAR / CAHABA		0.00	
06/11/2010	IPYMT		Check # 884998913 6 10 (4137) from MEDICARE		0.00	
	96		Non-covered charge(s).		0.00	
	MADJN		MCWO Medicare Write Off		-0.01	
09/28/2010	MADJP		REVER Contract Writeoff reversal		0.01	
09/28/2010	RVFEE		PTCOR Charge posting correction		-0.01	
			Balance -09/28/2010- Guarantor			0.00
5/17/2010	SVCFE	1	4048F Doc antibio given b/4 surg	LEECH, ONEIDA *Images*	0.01	
09/28/2010	REBILL		Claim # 293505(P 11605) to MCAR / CAHABA		0.00	
09/28/2010	CLAIM		Claim # 294109(E 11629) to MCAR / CAHABA		0.00	
11/11/2010	IPYMT		Check # 883254353 110910 (6001) from MEDICARE		0.00	
	CWOFF		Contractual write off		-0.01	
	96		Non-covered charge(s).		0.00	

Account Detail Listing

Practice corp: ANESTHESIA MEDICAL GROUP PC

Guarantor: ONEIDA LEECH

110 29TH AVENUE NORTH STE 202 NASHVILLE, TN 37203-

615-327-4304 Ext:

REDACTED

Account #.

Date	TranCode	Qty	Description	Patient	Amount	Balance
			Balance -10/06/2010- Guarantor		0.00	
5/17/2010	SVCFE	1	4250F Wrmng 4 surg - normothermia	LEECH, ONEIDA *Images*	0.01	
09/28/2010	REBILL		Claim # 293505(P 11605) to MCAR / CAHABA		0.00	
09/28/2010	CLAIM		Claim # 294109(E 11629) to MCAR / CAHABA		0.00	
11/11/2010	IPYMT		Check # 883254353 110910 (6001) from MEDICARE		0.00	
	CWOFF		Contractual write off		-0.01	
	96		Non-covered charge(s).		0.00	
			Balance -10/06/2010- Guarantor		0.00	
5/17/2010	SVCFE	1	4255F Anesth >= 60 min as docd	LEECH, ONEIDA *Images*	0.01	
09/28/2010	REBILL		Claim # 293505(P 11605) to MCAR / CAHABA		0.00	
09/28/2010	CLAIM		Claim # 294109(E 11629) to MCAR / CAHABA		0.00	
11/11/2010	IPYMT		Check # 883254353 110910 (6001) from MEDICARE		0.00	
	CWOFF		Contractual write off		-0.01	
	96		Non-covered charge(s).		0.00	
			Balance -10/06/2010- Guarantor		0.00	

PREMIER ORTHOPAEDICS & SPORTS MEDICINE
 PO BOX 306073
 NASHVILLE, TN 37230-6073
 615-366-8890

Printed 12:12:00 11 JAN 2011
 By: 46 PO.AR DBALCH

TaxID#:

ONEIDA VON LEECH

REDACTED

###. Date..... Code..... Descript DrFcl. Dx.... Original..... Batch.... Ref....
 ONEIDA VON LEECH *Closed*

1	12/18/09	99221-57	INITIAL	30.39	820.21	130.00	SU122209A	1C2.1
11	01/18/10	39	MCR PYMN	30.39		-69.32	MC8848186	r884818
12	01/18/10	39.1	[45] MCR	30.39		-43.35	MC8848186	r884818
13	01/18/10	17	[2] \$17.	30.39		0.00	MC8848186	r884818
18	01/29/10	41	SECONDAR	30.39		-17.33	9012910	0645469
			Balance:			0.00		

Primary: -86.65 Secondary: 0.00 Personal: 0.00 Adjustments: -43.35
 12/29/09 insur ECS-CAHA 1068708
 01/20/10 insur POMCOGRO 1068708

ONEIDA VON LEECH *Closed*

2	12/19/09	27244	OPEN TRE	30.39	820.21	6020.00	SU122209A	1C2.2
14	01/18/10	39	MCR PYMN	30.39		-849.00	MC8848186	r884818
15	01/18/10	39.1	[45] MCR	30.39		-4958.75	MC8848186	r884818
16	01/18/10	17	[2] \$212	30.39		0.00	MC8848186	r884818
19	01/29/10	41	SECONDAR	30.39		-212.25	9012910	0645469
			Balance:			0.00		

Primary: -1061.25 Secondary: 0.00 Personal: 0.00 Adjustments: -4958.75
 12/29/09 insur ECS-CAHA 1068708
 01/20/10 insur POMCOGRO 1068708

ONEIDA VON LEECH *Closed*

3	12/19/09	4048F	PQRI - D	30.39	820.21	0.00	SU122209A	1C2.3
			Balance:			0.00		

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00
 12/29/09 insur ECS-CAHA 1068708
 01/20/10 insur POMCOGRO 1068708

ONEIDA VON LEECH *Closed*

4	12/19/09	4041F	PQRI - D	30.39	820.21	0.00	SU122209A	1C2.4
			Balance:			0.00		

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00
 12/29/09 insur ECS-CAHA 1068708
 01/20/10 insur POMCOGRO 1068708

ONEIDA VON LEECH *Closed*

5	12/19/09	4049F	PQRI - D	30.39	820.21	0.00	SU122209A	1C2.5
			Balance:			0.00		

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00
 12/29/09 insur ECS-CAHA 1068708

###. Date..... Code..... Descript DrFcl. Dx.... Original.... Batch.... Ref....
 01/20/10 insur POMCOGRO

ONEIDA VON LEECH *Closed*
 6 12/19/09 4044F PQRI - D 30.39 820.21 0.00 SU122209A 1C2.6
 Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00
 12/29/09 insur ECS-CAHA 1068708
 01/20/10 insur POMCOGRO 1068708

ONEIDA VON LEECH *Closed*
 8 01/13/10 73510 RADIOLOG 30.39 719.46 91.00 SU011310P 1C3.1
 20 02/09/10 39 MCR PYMN 30.39 -5.56 MC8848400 r884840
 21 02/09/10 39.1 MCR ADJ 30.39 -58.87 MC8848400 r884840
 22 02/09/10 10 [1] \$25. 30.39 0.00 MC8848400 r884840
 23 02/09/10 17 [2] \$1.3 30.39 0.00 MC8848400 r884840
 28 03/15/10 41 SECONDAR 30.39 -1.39 28031510T 6533234
 29 03/15/10 3 BALANCE 30.39 0.00 28031510T 6533234
 34 04/02/10 LTR2 INS. PAI 30.39 0.00 LTR040210 1722279
 43 05/06/10 LTR9 HAVE NOT 30.39 0.00 LTR050610 1742736
 79 05/17/10 42.1 CBO PERS 30.39 -25.18 22051710 1422.1*
 Balance: 0.00

Primary: -6.95 Secondary: 0.00 Personal: -25.18 Adjustments: -58.87
 01/19/10 insur ECS-CAHA 1076246
 02/10/10 insur POMCOGRO 1076246

ONEIDA VON LEECH *Closed*
 9 01/13/10 99024 POSTOPER 30.39 719.46 0.00 SU011310P 1C3.2
 Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00
 01/19/10 insur ECS-CAHA 1076246
 02/10/10 insur POMCOGRO 1076246

ONEIDA VON LEECH *Closed*
 25 02/25/10 73510 RADIOLOG 30.39 820.21 91.00 SU022510P 1C4.1
 30 03/29/10 39 MCR PYMN 30.39 -25.70 MC8848937 r884893
 31 03/29/10 39.1 MCR ADJ 30.39 -58.87 MC8848937 r884893
 32 03/29/10 17 [2] \$6.4 30.39 0.00 MC8848937 r884893
 35 04/02/10 41 SECONDAR 30.39 -6.43 24040210A 0657489
 Balance: 0.00

Primary: -32.13 Secondary: 0.00 Personal: 0.00 Adjustments: -58.87
 03/05/10 insur ECS-CAHA 1090971
 03/30/10 insur POMCOGRO 1090971

ONEIDA VON LEECH *Closed*
 26 02/25/10 99024 POSTOPER 30.39 820.21 0.00 SU022510P 1C4.2
 Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00
 03/05/10 insur ECS-CAHA 1090971
 03/30/10 insur POMCOGRO 1090971

ONEIDA VON LEECH *Closed*
 37 04/22/10 99213 OFFICE O 30.39 715.16 110.00 SU042210P 1C5.1
 44 05/14/10 39 MCR PYMN 30.39 -48.79 MC8849612 r884961

REDACTED

###. Date..... Code..... Descript DrFcl. Dx.... Original.... Batch.... Ref....
 45 05/14/10 39.1 [45] MCR 30.39 -49.01 MC8849612 r884961
 46 05/14/10 17 [2] \$12. 30.39 0.00 MC8849612 r884961
 115 07/14/10 41 SECONDAR 30.39 -12.20 9071410 0679326
 Balance: 0.00

Primary: -60.99 Secondary: 0.00 Personal: 0.00 Adjustments: -49.01
 04/26/10 insur ECS-CAHA 1110294
 05/17/10 insur POMCOGRO 1110294

 ONEIDA VON LEECH *Closed*
 38 04/22/10 73510 RADIOLOG 30.39 719.45 91.00 SU042210P 1C5.2
 47 05/14/10 39 MCR PYMN 30.39 -25.70 MC8849612 r884961
 48 05/14/10 39.1 MCR ADJ 30.39 -58.87 MC8849612 r884961
 49 05/14/10 17 [2] \$6.4 30.39 0.00 MC8849612 r884961
 116 07/14/10 41 SECONDAR 30.39 -6.43 9071410 0679326
 Balance: 0.00

Primary: -32.13 Secondary: 0.00 Personal: 0.00 Adjustments: -58.87
 04/26/10 insur ECS-CAHA 1110294
 05/17/10 insur POMCOGRO 1110294

 ONEIDA VON LEECH *Closed*
 39 04/22/10 73560-RT RADIOLOG 30.39 715.16 79.00 SU042210P 1C5.3
 50 05/14/10 39 MCR PYMN 30.39 -20.21 MC8849612 r884961
 51 05/14/10 39.1 MCR ADJ 30.39 -53.74 MC8849612 r884961
 52 05/14/10 17 [2] \$5.0 30.39 0.00 MC8849612 r884961
 117 07/14/10 41 SECONDAR 30.39 -5.05 9071410 0679326
 Balance: 0.00

Primary: -25.26 Secondary: 0.00 Personal: 0.00 Adjustments: -53.74
 04/26/10 insur ECS-CAHA 1110294
 05/17/10 insur POMCOGRO 1110294

 ONEIDA VON LEECH *Closed*
 40 04/22/10 73560-LT RADIOLOG 30.39 715.16 79.00 SU042210P 1C5.4
 53 05/14/10 39 MCR PYMN 30.39 -20.21 MC8849612 r884961
 54 05/14/10 39.1 MCR ADJ 30.39 -53.74 MC8849612 r884961
 55 05/14/10 17 [2] \$5.0 30.39 0.00 MC8849612 r884961
 118 07/14/10 41 SECONDAR 30.39 -5.05 9071410 0679326
 Balance: 0.00

Primary: -25.26 Secondary: 0.00 Personal: 0.00 Adjustments: -53.74
 04/26/10 insur ECS-CAHA 1110294
 05/17/10 insur POMCOGRO 1110294

 ONEIDA VON LEECH *Closed*
 41 04/22/10 73565-59 RADIOLOG 30.39 715.16 76.00 SU042210P 1C5.5
 56 05/14/10 39 MCR PYMN 30.39 -22.01 MC8849612 r884961
 57 05/14/10 39.1 MCR ADJ 30.39 -48.49 MC8849612 r884961
 58 05/14/10 17 [2] \$5.5 30.39 0.00 MC8849612 r884961
 119 07/14/10 41 SECONDAR 30.39 -5.50 9071410 0679326
 Balance: 0.00

Primary: -27.51 Secondary: 0.00 Personal: 0.00 Adjustments: -48.49
 04/26/10 insur ECS-CAHA 1110294
 05/17/10 insur POMCOGRO 1110294

 ONEIDA VON LEECH

Closed

REDACTED

###.	Date....	Code.....	Descript	DrFcl.	Dx....	Original....	Batch....	Ref....
60	05/12/10	99213	OFFICE O	30.39	719.45	110.00	SU051210P	1C6.1
80	06/04/10	39	MCR PYMN	30.39		-48.79	MC8849891	r884989
81	06/04/10	39.1	[45] MCR	30.39		-49.01	MC8849891	r884989
82	06/04/10	17	[2] \$12.	30.39		0.00	MC8849891	r884989
111	06/21/10	41	SECONDAR	30.39		-12.20	29062110T	6746188
			Balance:			0.00		

Primary: -60.99 Secondary: 0.00 Personal: 0.00 Adjustments: -49.01
 05/19/10 insur ECS-CAHA 1119589
 06/07/10 insur POMCOGRO 1119589

ONEIDA VON LEECH						*Closed*		
61	05/12/10	73510-LT	RADIOLOG	30.39	719.45	91.00	SU051210P	1C6.2
83	06/04/10	39	MCR PYMN	30.39		-25.70	MC8849891	r884989
84	06/04/10	39.1	MCR ADJ	30.39		-58.87	MC8849891	r884989
85	06/04/10	17	[2] \$6.4	30.39		0.00	MC8849891	r884989
112	06/21/10	41	SECONDAR	30.39		-6.43	29062110T	6746188
			Balance:			0.00		

Primary: -32.13 Secondary: 0.00 Personal: 0.00 Adjustments: -58.87
 05/19/10 insur ECS-CAHA 1119589
 06/07/10 insur POMCOGRO 1119589

ONEIDA VON LEECH						*Closed*		
63	05/17/10	27245-22	OPEN TRE	2.39	733.82	7543.00	SU051810A	1C7.1
87	06/07/10	39	MCR PYMN	2.39		-866.92	MC8849915	r884991
88	06/07/10	39.1	[45] MCR	2.39		-6459.35	MC8849915	r884991
89	06/07/10	17	[2] \$216	2.39		0.00	MC8849915	r884991
113	06/25/10	41	SECONDAR	2.39		-216.73	9062510	0676254
			Balance:			0.00		

Primary: -1083.65 Secondary: 0.00 Personal: 0.00 Adjustments: -6459.35
 05/20/10 insur ECS-CAHA 1120155
 06/08/10 insur POMCOGRO 1120155

ONEIDA VON LEECH						*Closed*		
64	05/17/10	20680-51	REMOVAL	2.39	733.82	2492.00	SU051810A	1C7.2
90	06/07/10	39	MCR PYMN	2.39		0.00	MC8849915	r884991
91	06/07/10	16.11	[16] \$2,	2.39		0.00	MC8849915	r884991
133	08/04/10	27.4	INCLUDED	2.39		-2492.00	72080410	1798924
			Balance:			0.00		

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: -2492.00
 05/20/10 insur ECS-CAHA 1120155
 06/08/10 insur POMCOGRO 1120155

ONEIDA VON LEECH						*Closed*		
65	05/17/10	76000-26	FLUOROSC	2.39	733.82	161.00	SU051810A	1C7.3
92	06/07/10	39	MCR PYMN	2.39		0.00	MC8849915	r884991
93	06/07/10	16.11	[16] \$16	2.39		0.00	MC8849915	r884991
120	07/15/10	27.4	INCLUDED	2.39		-161.00	72071510	1786514
			Balance:			0.00		

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: -161.00
 05/20/10 insur ECS-CAHA 1120155
 06/08/10 insur POMCOGRO 1120155

ONEIDA VON LEECH *Closed*

###. Date.... Code..... Descript DrFcl. Dx.... Original.... Batch.... Ref....
 66 05/17/10 4041F PQRI - D 2.39 733.82 0.00 SU051810A 1C7.4
 94 06/07/10 39 MCR PYMN 2.39 0.00 MC8849915 r884991
 Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00
 05/20/10 insur ECS-CAHA 1120155
 06/08/10 insur POMCOGRO 1120155

 ONEIDA VON LEECH *Closed*
 67 05/17/10 4044F PQRI - D 2.39 733.82 0.00 SU051810A 1C7.5
 95 06/07/10 39 MCR PYMN 2.39 0.00 MC8849915 r884991
 Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00
 05/20/10 insur ECS-CAHA 1120155
 06/08/10 insur POMCOGRO 1120155

 ONEIDA VON LEECH *Closed*
 68 05/17/10 4047F PQRI - D 2.39 733.82 0.00 SU051810A 1C7.6
 96 06/07/10 39 MCR PYMN 2.39 0.00 MC8849915 r884991
 Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00
 05/20/10 insur ECS-CAHA 1120155
 06/08/10 insur POMCOGRO 1120155

 ONEIDA VON LEECH *Closed*
 69 05/17/10 4049F PQRI - D 2.39 733.82 0.00 SU051810A 1C7.7
 97 06/07/10 39 MCR PYMN 2.39 0.00 MC8849915 r884991
 Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00
 05/20/10 insur ECS-CAHA 1120155
 06/08/10 insur POMCOGRO 1120155

 ONEIDA VON LEECH *Closed*
 70 05/17/10 27245-22-80 OPEN TRE 30.39 733.82 7793.00 SU051810A 1C8.1
 99 06/08/10 39 MCR PYMN 30.39 -143.82 MC8849931 r884993
 100 06/08/10 39.1 [45] MCR 30.39 -7613.23 MC8849931 r884993
 101 06/08/10 17 [2] \$35. 30.39 0.00 MC8849931 r884993
 114 06/25/10 41 SECONDAR 30.39 -35.95 9062510 0676254
 Balance: 0.00

Primary: -179.77 Secondary: 0.00 Personal: 0.00 Adjustments: -7613.23
 05/20/10 insur ECS-CAHA 1120156
 06/09/10 insur POMCOGRO 1120156

 ONEIDA VON LEECH *Closed*
 71 05/17/10 20680-80 REMOVAL 30.39 733.82 2492.00 SU051810A 1C8.2
 102 06/08/10 16.11 [16] \$2, 30.39 0.00 MC8849931 r884993
 135 08/16/10 27.4 INCLUDED 30.39 -2492.00 89081610 1806013
 Balance: 0.00

 Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: -2492.00
 05/20/10 insur ECS-CAHA 1120156
 06/09/10 insur POMCOGRO 1120156

 ONEIDA VON LEECH *Closed*

###. Date.... Code..... Descript DrFcl. Dx.... Original.... Batch.... Ref....
 72 05/17/10 4041F PQRI - D 30.39 733.82 0.00 SU051810A 1C8.3
 103 06/08/10 39 MCR PYMN 30.39 0.00 MC8849931 r884993
 Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00
 05/20/10 insur ECS-CAHA 1120156
 06/09/10 insur POMCOGRO 1120156

ONEIDA VON LEECH *Closed*
 73 05/17/10 4044F PQRI - D 30.39 733.82 0.00 SU051810A 1C8.4
 104 06/08/10 39 MCR PYMN 30.39 0.00 MC8849931 r884993
 Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00
 05/20/10 insur ECS-CAHA 1120156
 06/09/10 insur POMCOGRO 1120156

ONEIDA VON LEECH *Closed*
 74 05/17/10 4047F PQRI - D 30.39 733.82 0.00 SU051810A 1C8.5
 105 06/08/10 39 MCR PYMN 30.39 0.00 MC8849931 r884993
 Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00
 05/20/10 insur ECS-CAHA 1120156
 06/09/10 insur POMCOGRO 1120156

ONEIDA VON LEECH *Closed*
 75 05/17/10 4049F PQRI - D 30.39 733.82 0.00 SU051810A 1C8.6
 106 06/08/10 39 MCR PYMN 30.39 0.00 MC8849931 r884993
 Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00
 05/20/10 insur ECS-CAHA 1120156
 06/09/10 insur POMCOGRO 1120156

ONEIDA VON LEECH *Closed*
 108 06/11/10 73510 RADIOLOG 30.39 719.41 91.00 SU061110P 1C9.1
 124 07/20/10 39 MCR PYMN 30.39 -27.64 MC8850434 r885043
 125 07/20/10 39.1 [121] \$5 30.39 -56.45 MC8850434 r885043
 126 07/20/10 17 [2] \$6.9 30.39 0.00 MC8850434 r885043
 132 07/30/10 41 SECONDAR 30.39 -6.91 6073010 0683857
 Balance: 0.00

Primary: -34.55 Secondary: 0.00 Personal: 0.00 Adjustments: -56.45
 06/18/10 insur ECS-CAHA 1130376
 07/23/10 insur POMCOGRO 1130376

ONEIDA VON LEECH *Closed*
 109 06/11/10 99024 POSTOPER 30.39 719.41 0.00 SU061110P 1C9.2
 Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00
 06/18/10 insur ECS-CAHA 1130376
 07/23/10 insur POMCOGRO 1130376

ONEIDA VON LEECH *Closed*
 121 07/15/10 73550 RADIOLOG 30.39 719.45 86.00 SU071510P 1C10.1
 128 07/30/10 39 MCR PYMN 30.39 -20.89 MC8850646 r885064

REDACTED

###.	Date.....	Code.....	Descript	DrFcl.	Dx....	Original.....	Batch....	Ref....
129	07/30/10	39.1	[121]	MC 30.39		-59.89	MC8850646	r885064
130	07/30/10	17	[2]	\$5.2 30.39		0.00	MC8850646	r885064
134	08/13/10	41	SECONDAR	30.39		-5.22	7081310	0687183
			Balance:			0.00		

Primary: -26.11	Secondary: 0.00	Personal: 0.00	Adjustments: -59.89	
07/19/10 insur	ECS-CAHA			1142172
08/02/10 insur	POMCOGRO			1142172

! ONEIDA VON LEECH				*Closed*	
122	07/15/10	99024	POSTOPER	30.39 719.45	0.00 SU071510P 1C10.2
			Balance:		0.00

Primary: 0.00	Secondary: 0.00	Personal: 0.00	Adjustments: 0.00	
07/19/10 insur	ECS-CAHA			1142172
08/02/10 insur	POMCOGRO			1142172

ONEIDA VON LEECH				*Closed*	
136	08/19/10	99213	OFFICE O	30.39 726.5	110.00 SU081910P 1C11.1
141	09/20/10	39	MCR PYMN	30.39	-51.54 MC8830340 r883034
142	09/20/10	39.1	[45]	MCR 30.39	-45.58 MC8830340 r883034
143	09/20/10	17	[2]	\$12. 30.39	0.00 MC8830340 r883034
154	10/01/10	41	SECONDAR	30.39	-12.88 7100110 6978104
			Balance:		0.00

Primary: -64.42	Secondary: 0.00	Personal: 0.00	Adjustments: -45.58	
08/27/10 insur	ECS-CAHA			1157834
09/21/10 insur	POMCOGRO			1157834

VON LEECH				*Closed*	
137	08/19/10	73510	RADIOLOG	30.39 726.5	91.00 SU081910P 1C11.2
144	09/20/10	39	MCR PYMN	30.39	-27.64 MC8830340 r883034
145	09/20/10	39.1	[121]	MC 30.39	-56.45 MC8830340 r883034
146	09/20/10	17	[2]	\$6.9 30.39	0.00 MC8830340 r883034
155	10/01/10	41	SECONDAR	30.39	-6.91 7100110 6978104
			Balance:		0.00

Primary: -34.55	Secondary: 0.00	Personal: 0.00	Adjustments: -56.45	
08/27/10 insur	ECS-CAHA			1157834
09/21/10 insur	POMCOGRO			1157834

ONEIDA VON LEECH				*Closed*	
138	08/19/10	73560	RADIOLOG	30.39 715.16	79.00 SU081910P 1C11.3
147	09/20/10	39	MCR PYMN	30.39	-21.72 MC8830340 r883034
148	09/20/10	39.1	[121]	MC 30.39	-51.85 MC8830340 r883034
149	09/20/10	17	[2]	\$5.4 30.39	0.00 MC8830340 r883034
156	10/01/10	41	SECONDAR	30.39	-5.43 7100110 6978104
			Balance:		0.00

Primary: -27.15	Secondary: 0.00	Personal: 0.00	Adjustments: -51.85	
08/27/10 insur	ECS-CAHA			1157834
09/21/10 insur	POMCOGRO			1157834

ONEIDA VON LEECH				*Closed*	
139	08/19/10	73565-59	RADIOLOG	30.39 715.16	76.00 SU081910P 1C11.4
150	09/20/10	39	MCR PYMN	30.39	-23.67 MC8830340 r883034
151	09/20/10	39.1	[121]	MC 30.39	-46.41 MC8830340 r883034
152	09/20/10	17	[2]	\$5.9 30.39	0.00 MC8830340 r883034

REDACTED

##. Date.... Code..... Descript DrFcl. Dx.... Original..... Batch.... Ref....
157 10/01/10 41 SECONDAR 30.39 -5.92 7100110 6978104
Balance: 0.00

Primary: -29.59 Secondary: 0.00 Personal: 0.00 Adjustments: -46.41
08/27/10 insur ECS-CAHA 1157834
09/21/10 insur POMCOGRO 1157834

Statements for ONEIDA VON LEECH *Closed*
36 04/15/10 98.1 STMT SEN 0.00 stmt
76 05/20/10 98.1 STMT SEN 0.00 stmt

TOTAL : 0.00

PATIENT NO: HORIZON MEDICAL CENTER BILLING DATE PAGE 1
 MED REC NO: 111 HWY 70 EAST 06/03/10
 GUARANTOR NO:
 PATIENT: DICKSON, TN 37055 ADMITTED DISCHARGED
 LEECH ONEIDA VON 05/19/10 05/29/10

REDACTED

ILL TO:
 LEECH ONEIDA VON INPATIENT FC=02
 ADMIT THRU DISCHARGE CLAIM

DATE OF SERVICE	ATT PHYS	ATT FC ROOM	SERV AC CODE	REV CODE	DEPT	ROOM AND CARE	CHARGES
5/19/10	4634	02	RC12A	RP REHB	118	0693	10 DAYS AT 741.00 7,410.00
							TOTAL ROOM AND CARE 7,410.00
DATE OF SERVICE	BATCH REF	F DEPT S	NDC/CPT-4/ PROC	HCPGS	QTY	SERVICE DESCRIPTION	CHARGES
250-PHARMACY							
51910	19B972	0712	250662	75062430	1	LOVENOX 30 MG SYRINGE	94.75
52010	20B065	0712	251374	51079074120	1	WYGESIC TABLET	6.00
52010	20B065	0712	250662	75062430	1	LOVENOX 30 MG SYRINGE	94.75
52010	20B041	0712	251374	51079074120	1	WYGESIC TABLET	6.00
52010	20B010	0712	250662	75062430	1	LOVENOX 30 MG SYRINGE	94.75
52110	21B150	0712	251374	51079074120	1	WYGESIC TABLET	6.00
52110	21B150	0712	250662	75062430	1	LOVENOX 30 MG SYRINGE	94.75
52110	21B101	0712	251791	52268080003	1	MIRALAX 17 GM DOSE	19.25
52110	21B101	0712	250662	75062430	1	LOVENOX 30 MG SYRINGE	94.75
52110	21B101	0712	251374	51079074120	1	WYGESIC TABLET	6.00
52210	22B178	0712	251791	52268080003	1	MIRALAX 17 GM DOSE	19.25
52210	22B178	0712	250662	75062430	1	LOVENOX 30 MG SYRINGE	94.75
52310	23B244	0712	251823	J1650	1	LOVENOX 40MG/0.4ML SYR	110.75
52310	23B375	0713	351374	51079074120	1	WYGESIC TABLET	6.00
52310	23B244	0712	251791	52268080003	1	MIRALAX 17 GM DOSE	19.25
52410	24B320	0712	251823	J1650	1	LOVENOX 40MG/0.4ML SYR	110.75
52410	24B371	0712	250112	904530661	2	BENADRYL 25MG CAP	6.50-
52410	24B320	0712	251791	52268080003	1	MIRALAX 17 GM DOSE	19.25
52410	24B367	0712	250112	904530661	2	BENADRYL 25MG CAP	6.50
52410	24B377	0712	251374	51079074120	1	WYGESIC TABLET	6.00
52410	24B320	0712	251374	51079074120	1	WYGESIC TABLET	6.00
52510	25B414	0712	251823	J1650	1	LOVENOX 40MG/0.4ML SYR	110.75

SURANCE BENEFITS ASSIGNED TO HORIZON
 MEDICAL CENTER.

PATIENT NO: HORIZON MEDICAL CENTER BILLING DATE PAGE 2
 ID REC NO: 111 HWY 70 EAST 06/03/10
 GUARANTOR NO:
 PATIENT: DICKSON, TN 37055 ADMITTED DISCHARGED
 EACH ONEIDA VON 05/19/10 05/29/10

REDACTED

TYPE OF SERVICE	BATCH REF	F DEPT	NDC/CPT-4/HCPCS	QTY	SERVICE DESCRIPTION	CHARGES	
2510	25B452	0712	251374	51079074120	1	WYGESIC TABLET	6.00
2510	25B414	0712	251791	52268080003	1	MIRALAX 17 GM DOSE	19.25
2610	26B495	0712	251823	J1650	1	LOVENOX 40MG/0.4ML SYR	110.75
2610	26B553	0712	251374	51079074120	1	WYGESIC TABLET	6.00
2610	26B495	0712	251791	52268080003	1	MIRALAX 17 GM DOSE	19.25
2710	27B588	0712	251823	J1650	1	LOVENOX 40MG/0.4ML SYR	110.75
2710	27B630	0712	251374	51079074120	1	WYGESIC TABLET	6.00
2810	28B676	0712	251823	J1650	1	LOVENOX 40MG/0.4ML SYR	110.75
2810	28B676	0712	251791	52268080003	1	MIRALAX 17 GM DOSE	19.25
2910	29B754	0712	251823	J1650	1	LOVENOX 40MG/0.4ML SYR	110.75
2910	29B754	0712	251791	52268080003	1	MIRALAX 17 GM DOSE	19.25
						SUBTOTAL:	1557.75
270-MED-SURG SUPPLIES							
010	20B040	0718	010683		1	BANDAGE AIR 18 X 18.25	43.00
010	20B040	0718	010685		1	BANDAGE AIR 26 X 8.25	33.75
0110	21B126	0718	010683		1	BANDAGE AIR 18 X 18.25	43.00
0110	21B128	0718	010685		1	BANDAGE AIR 26 X 8.25	33.75
0210	22B197	0718	010685		1	BANDAGE AIR 26 X 8.25	33.75
0210	22B197	0718	010683		1	BANDAGE AIR 18 X 18.25	43.00
0410	25B438	0718	010682		1	BANDAGE AIR 12CM X 8.2	28.50
0410	25B438	0718	010685		1	BANDAGE AIR 26 X 8.25	33.75
						SUBTOTAL:	292.50
272-STERILE SUPPLIES							
010	21C862	0718	011586		1	SPONGE LAB 12X12	53.75
010	29B771	0718	011591		1	STERI-STRIP 1/2X4"	28.50
010	29B771	0718	013645		1	AUTO SUTURE STAPLE REM	17.50
010	29B771	0718	011591		1	STERI-STRIP 1/2X4"	28.50
						SUBTOTAL:	128.25
300-LABORATORY							
010	20B986	0736	101475	36415	1	VENIPUNCTURE	16.00
010	26B476	0736	101475	36415	1	VENIPUNCTURE	16.00
010	26B476	0736	101475	36415	1	VENIPUNCTURE	16.00
						SUBTOTAL:	48.00
301-LAB/CHEMISTRY							
010	20B986	0736	101610	80048	1	BMP TOTAL CALCIUM	208.25
010	23B230	0736	101610	80048	1	BMP TOTAL CALCIUM	208.25
010	26B476	0736	101610	80048	1	BMP TOTAL CALCIUM	208.25
						SUBTOTAL:	624.75

INSURANCE BENEFITS ASSIGNED TO HORIZON
 MEDICAL CENTER.

PATIENT NO: HORIZON MEDICAL CENTER BILLING DATE PAGE 3
ED REC NO: 111 HWY 70 EAST 06/03/10
GUARANTOR NO:
PATIENT: DICKSON, TN 37055 ADMITTED DISCHARGED
SCHOOL ONEIDA VON 05/19/10 05/29/10

REDACTED

DATE OF SERVICE	BATCH REF	F DEPT S	NDC/CPT-4/HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
305-LAB/HEMATOLOGY						
2010 20B986	0736	101081	85025	1	CBC PLATELET AUTO DIFF	171.50
2310 23B230	0736	101081	85025	1	CBC PLATELET AUTO DIFF	171.50
2610 26B476	0736	101081	85025	1	CBC PLATELET AUTO DIFF	171.50
					SUBTOTAL:	514.50
307-LAB/UROLOGY						
2010 20B986	0736	101395	81003	1	UA W O MICRO AUTO	89.00
					SUBTOTAL:	89.00
420-PHYSICAL THERP						
2010 20B039	0777	320948	97116GP	1	GAIT TRAINING 15 MIN P	144.00
2110 21B127	0777	320948	97116GP	5	GAIT TRAINING 15 MIN P	720.00
2110 21B127	0777	320975	97530GP	2	THER ACTIV DIR 15 MIN	288.00
2210 22B196	0777	320975	97530GP	1	THER ACTIV DIR 15 MIN	144.00
2210 22B196	0777	320933	97110GP	3	THER EXERCISES 15 MIN	458.25
2210 22B196	0777	320948	97116GP	2	GAIT TRAINING 15 MIN P	288.00
2410 24B348	0777	320933	97110GP	3	THER EXERCISES 15 MIN	458.25
2410 24B348	0777	320975	97530GP	1	THER ACTIV DIR 15 MIN	144.00
2410 24B348	0777	320948	97116GP	3	GAIT TRAINING 15 MIN P	432.00
2510 25B437	0777	320948	97116GP	2	GAIT TRAINING 15 MIN P	288.00
2510 25B437	0777	320975	97530GP	1	THER ACTIV DIR 15 MIN	144.00
2510 25B437	0777	320933	97110GP	3	THER EXERCISES 15 MIN	458.25
2610 26B525	0777	320948	97116GP	3	GAIT TRAINING 15 MIN P	432.00
2610 26B525	0777	320975	97530GP	2	THER ACTIV DIR 15 MIN	288.00
2610 26B525	0777	320933	97110GP	1	THER EXERCISES 15 MIN	152.75
2710 27B614	0777	320948	97116GP	2	GAIT TRAINING 15 MIN P	288.00
2710 27B614	0777	320933	97110GP	4	THER EXERCISES 15 MIN	611.00
2810 28B698	0777	320948	97116GP	2	GAIT TRAINING 15 MIN P	288.00
2810 28B698	0777	320948	97116GP	1	GAIT TRAINING 15 MIN P	144.00
2810 28B698	0777	320975	97530GP	1	THER ACTIV DIR 15 MIN	144.00
					SUBTOTAL:	6314.50
424-PHYS THERP/EVAL						
010 20B039	0777	320847	97001GP	1	EVALUATION PT	343.25
					SUBTOTAL:	343.25
430-OCCUPATION THER						
010 20B039	0777	320938	97110GO	1	THER EXERCISES 15 MIN	152.75
010 20B039	0777	320976	97530GO	1	THER ACTIV DIR 15 MIN	144.00
010 20B039	0777	322281	97535GO	1	SELF/HOME ONE/ONE 15M	135.50
110 21B127	0777	322281	97535GO	4	SELF/HOME ONE/ONE 15M	542.00
110 21B127	0777	320938	97110GO	2	THER EXERCISES 15 MIN	305.50

URANCE BENEFITS ASSIGNED TO HORIZON
ICAL CENTER.

PATIENT NO: HORIZON MEDICAL CENTER BILLING DATE PAGE 4
ID REC NO: 111 HWY 70 EAST 06/03/10
GUARANTOR NO:
PATIENT: DICKSON, TN 37055 ADMITTED DISCHARGED
SUCH ONEIDA VON 05/19/10 05/29/10

REDACTED

TYPE OF SERVICE	BATCH REF	DEPT S	F PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
2210	22B185	0777	322281	97535GO	2	SELF/HOME ONE/ONE 15M	271.00
2210	22B185	0777	320938	97110GO	4	THER EXERCISES 15 MIN	611.00
2410	24B348	0777	322281	97535GO	4	SELF/HOME ONE/ONE 15M	542.00
2410	24B348	0777	320938	97110GO	1	THER EXERCISES 15 MIN	152.75
2410	24B348	0777	320976	97530GO	1	THER ACTIV DIR 15 MIN	144.00
2510	25B437	0777	322281	97535GO	6	SELF/HOME ONE/ONE 15M	813.00
2510	25B437	0777	320938	97110GO	1	THER EXERCISES 15 MIN	152.75
2510	25B437	0777	320976	97530GO	1	THER ACTIV DIR 15 MIN	144.00
2610	26B525	0777	322281	97535GO	4	SELF/HOME ONE/ONE 15M	542.00
2610	26B525	0777	320938	97110GO	1	THER EXERCISES 15 MIN	152.75
2610	26B525	0777	320976	97530GO	1	THER ACTIV DIR 15 MIN	144.00
2610	26B525	0777	320938	97110GO	1	THER EXERCISES 15 MIN	152.75
2610	27B614	0777	320976	97530GO	1	THER ACTIV DIR 15 MIN	144.00
2710	27B614	0777	322281	97535GO	3	SELF/HOME ONE/ONE 15M	406.50
2710	27B614	0777	320938	97110GO	2	THER EXERCISES 15 MIN	305.50
2710	27B614	0777	320976	97530GO	1	THER ACTIV DIR 15 MIN	144.00
2810	28B698	0777	322281	97535GO	4	SELF/HOME ONE/ONE 15M	542.00
2810	28B698	0777	320938	97110GO	2	THER EXERCISES 15 MIN	305.50
2810	28B698	0777	320976	97530GO	2	THER ACTIV DIR 15 MIN	288.00
						SUBTOTAL:	7237.25

434-OCCUP THERP/EVAL

010	20B039	0777	320856	97003GO	1	EVALUATION OT	343.25
						SUBTOTAL:	343.25

637-DRUGS/SELF ADMIN

910	19B972	0712	253165	169633910	1	NOVOLOG FLEX PEN 3CC	67.00
910	19B972	0712	250613	65862005290	1	ZOCOR 20 MG TABLET	15.75
910	19B972	0712	253146	406051201	1	OXYCODONE/APAP 5/325 T	1.75
910	19B972	0712	251534	182006889	1	ASCORBIC ACID 500MG TA	3.25
010	20B065	0712	350613	65862005290	1	ZOCOR 20 MG TABLET	15.75
010	20B065	0712	250640	24540134	1	AMBIEN 5 MG TABLET	12.00
010	20B065	0712	251534	182006889	1	ASCORBIC ACID 500MG TA	3.25
010	20B988	0712	253092	378615001	1	OMEPRAZOLE 20 MG CAP	7.00
010	20B988	0712	250427	39022310	1	AMARYL 4 MG TABS	9.75
010	20B041	0712	250427	39022310	1	AMARYL 4 MG TABS	9.75
010	20B041	0712	250177	182111301	1	DSS/CISANTHRANOL 100/3	4.50
010	20B041	0712	250618	245008011	1	ZINC SULFATE 220 MG CA	5.25
010	20B010	0712	251472	245009101	1	THERAPEUTIC VIT/MIN TA	3.25
010	20B010	0712	250087	62584015411	1	SYNTHROID 0.05MG	7.50
010	20B010	0712	252118	78035934	2	VALSARTAN 160 MG TABLE	20.00

INSURANCE BENEFITS ASSIGNED TO HORIZON
MEDICAL CENTER.

PATIENT NO:	HORIZON MEDICAL CENTER	BILLING DATE	PAGE	5
ED REC NO:	111 HIGHWAY 70 EAST	06/03/10		
GUARANTOR NO:				
PATIENT:	DICKSON, TN 37055	ADMITTED	DISCHARGED	
EECH ONEIDA VON		05/19/10	05/29/10	

REDACTED

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
5/20/10	20B010	0712	250264	182055689	1	HYDROCHLOROTHIAZIDE 25	6.00
5/20/10	20B010	0712	251596	51079020620	1	ZYLOPRIM 300MG TAB	6.50
5/20/10	20B010	0712	250007	182142095	1	ASA (BABY) 75MG TAB	3.25
5/20/10	20B010	0712	251169	378014705	1	INDOCIN 50MG CAPSULE	7.50
5/20/10	20B010	0712	251534	182006889	1	ASCORBIC ACID 500MG TA	3.25
5/20/10	20B010	0712	250177	182111301	1	DSS/CASANTHRANOL 100/3	4.50
5/20/10	20B010	0712	253146	406051201	1	OXYCODONE/APAP 5/325 T	1.75
5/20/10	20B010	0712	251770	63739029101	1	OYST-CAL-D-500 TABLET	4.00
5/21/10	21B102	0712	252093	173056900	1	ONDANSETRON ODT 4 MG	60.25
5/21/10	21B129	0712	252202	8084199	1	PANTOPRAZOLE 40 MG TAB	14.75
5/21/10	21B150	0712	250640	24540134	1	AMBIEN 5 MG TABLET	12.00
5/21/10	21B140	0712	250619	65062005290	1	ZOCOR 20 MG TABLET	15.75
5/21/10	21B140	0712	251534	182006889	1	ASCORBIC ACID 500MG TA	3.25
5/21/10	21B140	0712	253146	406051201	1	OXYCODONE/APAP 5/325 T	1.75
5/21/10	21B083	0712	250427	39022310	1	AMARYL 4 MG TABS	9.75
5/21/10	21B129	0712	250427	39022310	1	AMARYL 4 MG TABS	9.75
5/21/10	21B129	0712	250177	182111301	1	DSS/CASANTHRANOL 100/3	4.50
5/21/10	21B101	0712	251472	245009101	1	THERAPEUTIC VIT/MIN TA	3.25
5/21/10	21B101	0712	250007	62504015411	1	SYNTHROID 0.05MG	7.50
5/21/10	21B101	0712	252118	78035934	2	VALSARTAN 160 MG TABLE	20.00
5/21/10	21B101	0712	250264	182055689	1	HYDROCHLOROTHIAZIDE 25	6.00
5/21/10	21B101	0712	251596	51079020620	1	ZYLOPRIM 300MG TAB	6.50
5/21/10	21B101	0712	250007	182142095	1	ASA (BABY) 75MG TAB	3.25
5/21/10	21B101	0712	251169	378014705	1	INDOCIN 50MG CAPSULE	7.50
5/21/10	21B101	0712	251534	182006889	1	ASCORBIC ACID 500MG TA	3.25
5/21/10	21B101	0712	250177	182111301	1	DSS/CASANTHRANOL 100/3	4.50
5/21/10	21B101	0712	251770	63739029101	1	OYST-CAL-D-500 TABLET	4.00
5/21/10	21B101	0712	250618	245008011	1	ZINC SULFATE 220 MG CA	5.25
5/21/10	22B309	0712	250813	65063005390	1	ZOCOR 20 MG TABLET	15.75
5/21/10	22B209	0712	250640	24540134	1	AMBIEN 5 MG TABLET	12.00
5/21/10	22B209	0712	251534	182006889	1	ASCORBIC ACID 500MG TA	3.25
5/21/10	22B166	0712	250427	39022310	1	AMARYL 4 MG TABS	9.75
5/21/10	22B198	0712	250427	39022310	1	AMARYL 4 MG TABS	9.75
5/21/10	22B198	0712	250177	182111301	1	DSS/CASANTHRANOL 100/3	4.50
5/21/10	22B178	0712	251472	245009101	1	THERAPEUTIC VIT/MIN TA	3.25
5/21/10	22B178	0712	250007	62504015411	1	SYNTHROID 0.05MG	7.50
5/21/10	22B178	0712	252118	78035934	2	VALSARTAN 160 MG TABLE	20.00
5/21/10	22B178	0712	250264	182055689	1	HYDROCHLOROTHIAZIDE 25	6.00
5/21/10	22B178	0712	251596	51079020620	1	ZYLOPRIM 300MG TAB	6.50

URANCE BENEFITS ASSIGNED TO HORIZON
ICAL CENTER.

PATIENT NO: HORIZON MEDICAL CENTER BILLING DATE PAGE 6
 D REC NO: 111 : HWAY 70 EAST 06/03/10
 PATRANTOR NO:
 PATIENT: DICKSON, TN 37055 ADMITTED DISCHARGED
 EICH ONEIDA VON 05/19/10 05/29/10

REDACTED

TYPE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
2210	22B178	0712	250007	182142095	1	ASA (BABY) 75MG TAB	3.25
2210	22B178	0712	251169	378014705	1	INDOCIN 50MG CAPSULE	7.50
2210	22B178	0712	251534	182006889	1	ASCORBIC ACID 500MG TA	3.25
2210	22B178	0712	250177	182111301	1	DSS/CASANTHRANOL 100/3	4.50
2210	22B178	0712	253146	406051201	1	OXYCODONE/APAP 5/325 T	1.75
2210	22B178	0712	251770	63739029101	1	OYST-CAL-D-500 TABLET	4.00
2210	22B178	0712	250618	245008011	1	ZINC SULFATE 220 MG CA	5.25
2210	22B178	0712	252202	8084199	1	PANTOPRAZOLE 40 MG TAB	14.75
310	23B228	0712	252093	173056900	1	ONDANSETRON ODT 4 MG	60.25
310	23B228	0712	253146	406051201	1	OXYCODONE/APAP 5/325 T	1.75
310	23B284	0712	253146	406051201	1	OXYCODONE/APAP 5/325 T	1.75
310	23B284	0712	250640	24540134	1	AMBIEN 5 MG TABLET	12.00
310	23B232	0712	250427	39022310	1	AMARYL 4 MG TABS	9.75
310	23B275	0712	250813	65862005290	1	ZOCOR 20 MG TABLET	15.75
310	23B275	0712	251534	182006889	1	ASCORBIC ACID 500MG TA	3.25
310	23B244	0712	251472	245009101	1	THERAPEUTIC VIT/MIN TA	3.25
310	23B244	0712	250087	62584015411	1	SYNTHROID 0.05MG	7.50
310	23B244	0712	252118	78035934	2	VALSARTAN 160 MG TABLE	20.00
310	23B244	0712	250264	182055689	1	HYDROCHLOROTHIAZIDE 25	6.00
310	23B244	0712	251596	51079020620	1	ZYLOPRIM 300MG TAB	6.50
310	23B244	0712	250007	182142095	1	ASA (BABY) 75MG TAB	3.25
310	23B244	0712	251169	378014705	1	INDOCIN 50MG CAPSULE	7.50
310	23B244	0712	251534	182006889	1	ASCORBIC ACID 500MG TA	3.25
310	23B244	0712	250177	182111301	1	DSS/CASANTHRANOL 100/3	4.50
310	23B244	0712	251770	63739029101	1	OYST-CAL-D-500 TABLET	4.00
310	23B244	0712	250618	245008011	1	ZINC SULFATE 220 MG CA	5.25
310	23B244	0712	252202	8084199	1	PANTOPRAZOLE 40 MG TAB	14.75
310	23B264	0712	250427	39022310	1	AMARYL 4 MG TABS	9.75
310	23B364	0712	250177	182111301	1	DSS/CASANTHRANOL 100/3	4.50
410	24B302	0712	250427	39022310	1	AMARYL 4 MG TABS	9.75
410	24B302	0712	252093	173056900	1	ONDANSETRON ODT 4 MG	60.25
410	24B320	0712	251472	245009101	1	THERAPEUTIC VIT/MIN TA	3.25
410	24B367	0712	250613	65862005290	1	ZOCOR 20 MG TABLET	15.75
410	24B320	0712	250087	62584015411	1	SYNTHROID 0.05MG	7.50
410	24B367	0712	251534	182006889	1	ASCORBIC ACID 500MG TA	3.25
410	24B320	0712	252118	78035934	2	VALSARTAN 160 MG TABLE	20.00
410	24B367	0712	253146	406051201	1	OXYCODONE/APAP 5/325 T	1.75
410	24B320	0712	250264	182055689	1	HYDROCHLOROTHIAZIDE 25	6.00
410	24B320	0712	251596	51079020620	1	ZYLOPRIM 300MG TAB	6.50

INSURANCE BENEFITS ASSIGNED TO HORIZON
 MEDICAL CENTER.

PATIENT NO: HORIZON MEDICAL CENTER BILLING DATE PAGE 7
 ED REC NO: 111 HIGHWAY 70 EAST 06/09/10
 GUARANTOR NO:
 PATIENT: DICKSON, TN 37055 ADMITTED DISCHARGED
 EACH ONEIDA VON 05/19/10 05/29/10

REDACTED

DATE OF SERVICE	BATCH REF	F DEPT	NDC/CPT-4/HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
52410	24B320	0712	250007	1	ASA (BABY) 75MG TAB	3.25
52410	24B320	0712	251169	3	INDOCIN 50MG CAPSULE	7.50
52410	24B320	0712	251534	1	ASCORBIC ACID 500MG TA	3.25
52410	24B320	0712	250177	1	DSS/CASANTHRANOL 100/3	4.50
52410	24B320	0712	251770	63	OYST-CAL-D-500 TABLET	4.00
52410	24B320	0712	250618	2	ZINC SULFATE 220 MG CA	5.25
52410	24B320	0712	252202	1	PANTOPRAZOLE 40 MG TAB	14.75
52410	24B367	0712	250640	1	AMBIEN 5 MG TABLET	12.00
52410	24B350	0712	250427	3	AMARYL 4 MG TABS	9.75
52410	24B350	0712	250177	1	DSS/CASANTHRANOL 100/3	4.50
2510	25B439	0712	250427	3	AMARYL 4 MG TABS	9.75
2510	25B439	0712	250177	1	DSS/CASANTHRANOL 100/3	4.50
2510	25B452	0712	250813	65	ZOCOR 20 MG TABLET	15.75
2510	25B452	0712	251534	1	ASCORBIC ACID 500MG TA	3.25
2510	25B391	0712	250427	3	AMARYL 4 MG TABS	9.75
2510	25B414	0712	251472	2	THERAPEUTIC VIT/MIN TA	3.25
2510	25B414	0712	250087	62	SYNTHROID 0.05MG	7.50
2510	25B414	0712	252118	78035934	VALSARTAN 160 MG TABLE	20.00
2510	25B414	0712	250264	102055689	HYDROCHLOROTHIAZIDE 25	6.00
2510	25B414	0712	251596	51079020620	ZYLOPRIM 300MG TAB	6.50
2510	25B414	0712	250007	182142095	ASA (BABY) 75MG TAB	3.25
2510	25B414	0712	251169	378014705	INDOCIN 50MG CAPSULE	7.50
2510	25B414	0712	251534	182006889	ASCORBIC ACID 500MG TA	3.25
2510	25B414	0712	250177	182111301	DSS/CASANTHRANOL 100/3	4.50
2510	25B414	0712	253146	406051201	OKYCODONE/APAP 5/325 T	1.75
2510	25B414	0712	251770	63	OYST-CAL-D-500 TABLET	4.00
2510	25B414	0712	252202	8084199	PANTOPRAZOLE 40 MG TAB	14.75
610	26B553	0712	250813	65	ZOCOR 20 MG TABLET	15.75
610	26B553	0712	351534	182006889	ASCORBIC ACID 500MG TA	3.25
610	26B553	0712	250640	24540134	AMBIEN 5 MG TABLET	12.00
610	26B478	0712	250427	39022310	AMARYL 4 MG TABS	9.75
610	26B495	0712	251472	245009101	THERAPEUTIC VIT/MIN TA	3.25
610	26B495	0712	250087	62504015411	SYNTHROID 0.05MG	7.50
610	26B495	0712	252118	78035934	VALSARTAN 160 MG TABLE	20.00
610	26B495	0712	250264	182055689	HYDROCHLOROTHIAZIDE 25	6.00
610	26B495	0712	251596	51079020620	ZYLOPRIM 300MG TAB	6.50
610	26B495	0712	250007	182142095	ASA (BABY) 75MG TAB	3.25
610	26B495	0712	251169	378014705	INDOCIN 50MG CAPSULE	7.50
610	26B495	0712	251534	182006889	ASCORBIC ACID 500MG TA	3.25

URANCE BENEFITS ASSIGNED TO HORIZON
ICAL CENTER.

PATIENT NO.: HORIZON MEDICAL CENTER BILLING DATE PAGE 8
ID REC NO: 111 HWY 70 EAST 05/03/10
PAYER NO:
PATIENT: DICKSON, TN 37055 ADMITTED DISCHARGED
SUCH ONEIDA VON 05/19/10 05/29/10

REDACTED

TYPE OF SERVICE	BATCH REF	F DEPT	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
		5 PROC				
2610	26B495	0712	250177	182111301	1 DSS/CASANTHRANOL 100/3	4.50
2610	26B495	0712	253146	406051201	1 OXYCODONE/APAP 5/325 T	1.75
2610	26B495	0712	251770	63739029101	1 OYST-CAL-D-500 TABLET	4.00
2610	26B495	0712	252202	8084199	1 PANTOPRAZOLE 40 MG TAB	14.75
2610	26B527	0712	250427	39022310	1 AMARYL 4 MG TABS	9.75
2610	26B527	0712	250177	182111301	1 DSS/CASANTHRANOL 100/3	4.50
2710	27B604	0712	252093	173056900	1 ONDANSETRON ODT 4 MG	60.25
2710	27B630	0712	250613	65862005290	1 ZOCOR 20 MG TABLET	15.75
2710	27B630	0712	250640	24540134	1 AMBIEN 5 MG TABLET	12.00
2710	27B630	0712	251534	182006889	1 ASCORBIC ACID 500MG TA	3.25
2710	27B568	0712	250427	39022310	1 AMARYL 4 MG TABS	9.75
2710	27B516	0712	250427	39022310	1 AMARYL 4 MG TABS	9.75
2710	27B588	0712	251472	245009101	1 THERAPEUTIC VIT/MIN TA	3.25
2710	27B588	0712	250087	62584015411	1 SYNTHROID 0.05MG	7.50
2710	27B588	0712	252118	78035934	2 VALSARTAN 160 MG TABLE	20.00
2710	27B588	0712	250264	182055689	1 HYDROCHLOROTHIAZIDE 25	6.00
2710	27B588	0712	251596	51079020620	1 ZYLOPRIM 300MG TAB	6.50
2710	27B588	0712	250007	182142095	1 ASA (BABY) 75MG TAB	3.25
2710	27B588	0712	251169	378014705	1 INDOCIN 50MG CAPSULE	7.50
2710	27B588	0712	251534	182006889	1 ASCORBIC ACID 500MG TA	3.25
710	27B588	0712	253146	406051201	1 OXYCODONE/APAP 5/325 T	1.75
710	27B588	0712	251770	63739029101	1 OYST-CAL-D-500 TABLET	4.00
710	27B588	0712	252202	8084199	1 PANTOPRAZOLE 40 MG TAB	14.75
810	28B705	0712	250177	182111301	1 DSS/CASANTHRANOL 100/3	4.50
810	28B700	0712	250427	39022310	1 AMARYL 4 MG TABS	9.75
810	28B700	0712	250177	182111301	1 DSS/CASANTHRANOL 100/3	4.50
810	28B657	0712	250427	39022310	1 AMARYL 4 MG TABS	9.75
810	28B715	0712	250813	65862005290	1 ZOCOR 20 MG TABLET	15.75
810	28B715	0712	251534	182006889	1 ASCORBIC ACID 500MG TA	3.25
810	28B715	0712	250640	24540134	1 AMBIEN 5 MG TABLET	12.00
810	28B715	0712	253146	406051201	1 OXYCODONE/APAP 5/325 T	1.75
810	28B676	0712	251472	245009101	1 THERAPEUTIC VIT/MIN TA	3.25
810	28B676	0712	250087	62584015411	1 SYNTHROID 0.05MG	7.50
810	28B676	0712	252118	78035934	2 VALSARTAN 160 MG TABLE	20.00
810	28B676	0712	250264	182055689	1 HYDROCHLOROTHIAZIDE 25	6.00
810	28B676	0712	251596	51079020620	1 ZYLOPRIM 300MG TAB	6.50
810	28B676	0712	250007	182142095	1 ASA (BABY) 75MG TAB	3.25
810	28B676	0712	251169	378014705	1 INDOCIN 50MG CAPSULE	7.50
810	28B676	0712	251534	182006889	1 ASCORBIC ACID 500MG TA	3.25

INSURANCE BENEFITS ASSIGNED TO HORIZON
MEDICAL CENTER.

PATIENT NO: HORIZON MEDICAL CENTER BILLING DATE PAGE 9
 ED REC NO: 111 HWY 70 EAST 06/03/10
 GUARANTOR NO:
 PATIENT: DICKSON, TN 37055 ADMITTED DISCHARGED
 EACH ONEIDA VON 05/19/10 05/29/10

REDACTED

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES	
5/28/10	28B676	0712	251770	63739029101	1 OYST-CAL-D-500 TABLET	4.00	
5/28/10	28B676	0712	252202	8084199	1 PANTOPRAZOLE 40 MG TAB	14.75	
5/28/10	28B676	0712	253146	406051201	1 OXYCODONE/APAP 5/325 T	1.75	
5/29/10	29B742	0712	250427	39022310	1 AMARYL 4 MG TABS	9.75	
5/29/10	29B742	0712	253146	406051201	1 OXYCODONE/APAP 5/325 T	1.75	
5/29/10	29B754	0712	251472	245009101	1 THERAPEUTIC VIT/MIN TA	3.25	
5/29/10	29B754	0712	250087	62584015411	1 SYNTHROID 0.05MG	7.50	
5/29/10	29B754	0712	252118	78035934	2 VALSARTAN 160 MG TABLE	20.00	
5/29/10	29B754	0712	250264	182055689	1 HYDROCHLOROTHIAZIDE 25	6.00	
5/29/10	29B754	0712	251596	51079020620	1 ZYLOPRIM 300MG TAB	6.50	
5/29/10	29B754	0712	250007	182142095	1 ASA (BABY) 75MG TAB	3.25	
5/29/10	29B754	0712	251169	378014705	1 INDOCIN 50MG CAPSULE	7.50	
5/29/10	29B754	0712	251534	182006889	1 ASCORBIC ACID 500MG TA	3.25	
5/29/10	29B754	0712	251770	63739029101	1 OYST-CAL-D-500 TABLET	4.00	
5/29/10	29B754	0712	252202	8084199	1 PANTOPRAZOLE 40 MG TAB	14.75	
						SUBTOTAL:	1643.50

899-NON-CHARGEABLE ITEMS

2610 26B525	0770	322005	1 NUTRITION CONSULT	.00	
				SUBTOTAL:	.00

TOTAL ANCILLARY CHARGES **19136.50**

TOTAL CHARGES	26546.50
PAYMENTS	.00
ADJUSTMENTS	.00
BALANCE	26546.50

INSURANCE BENEFITS ASSIGNED TO HORIZON
MEDICAL CENTER.

PATIENT NO: HORIZON MEDICAL CENTER BILLING DATE PAGE 10
ID REC NO: 111 HWY 70 EAST 06/03/10
GUARANTOR NO:
PATIENT: DICKSON, TN 37055 ADMITTED DISCHARGED
SUCH CNEIDA VON 05/19/10 05/29/10

REDACTED

DEPARTMENTAL CHARGE SUMMARY

DEPT	DESCRIPTION	AMOUNT
0693	REHABILITATION UNIT	7,410.00
0712	PHARMACY	3,201.25
0718	MEDICAL SERVICES	420.75
0736	LABORATORY	1,276.25
0777	PHYSICAL THERAPY-SPINAL	14,236.25

TOTAL CHARGES: 26,546.50
TOTAL PAYMENTS: .00
TOTAL ADJUST: .00

PATIENT NO:	SUMMIT MEDICAL CENTER	BILLING DATE	PAGE 1
MED REC NO:	5655 FRIST BOULEVARD	05/18/10	
GUARANTOR NO:			
PATIENT:	HERMITAGE, TN 37076	ADMITTED	DISCHARGED
LEECH ONEIDA VON		05/12/10	05/12/10

REDACTED

BILL TO:

LEECH ONEIDA VON

OUTPATIENT
ADMIT THRU DISCHARGE CLAIM

FC-01

DATE OF SERVICE	BATCH REF	F DEPT S	NDC/CPT-4/ PROC	HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
051210	352-CT 12B403	SCAN/BODY 0726	320296	73700LT	1	CT LOWER EXTRM W/O C L	1741.00
						SUBTOTAL:	1741.00
						TOTAL ANCILLARY CHARGES	1741.00
						TOTAL CHARGES	1741.00
						PAYMENTS	.00
						ADJUSTMENTS	.00
						BALANCE	1741.00

INSURANCE BENEFITS ASSIGNED TO SUMMIT MEDICAL CENTER.

PATIENT NO:	SUMMIT MEDICAL CENTER	BILLING DATE	PAGE
MED REC NO:	5655 FRIST BOULEVARD	05/18/10	2
GUARANTOR NO:			
PATIENT:	HERMITAGE, TN 37076	ADMITTED	DISCHARGED
LEECH ONEIDA VON		05/12/10	05/12/10

REDACTED

DEPARTMENTAL CHARGE SUMMARY		
DEPT	DESCRIPTION	AMOUNT
0726	CT SCAN	1,741.00

TOTAL CHARGES:	1,741.00
TOTAL PAYMENTS:	.00
TOTAL ADJUST:	.00

PATIENT NO:	SUMMIT MEDICAL CENTER	BILLING DATE	PAGE	1
MED REC NO:	5655 FRIST BOULEVARD	05/24/10		
GUARANTOR NO:				
PATIENT:	HERMITAGE, TN 37076	ADMITTED	DISCHARGED	
LEECH ONEIDA VON		05/17/10	05/19/10	

REDACTED

BILL TO:		
LEECH ONEIDA VON	INPATIENT	FC=01
	ADMIT THRU DISCHARGE CLAIM	

DATE OF SERVICE	ATT PHYS	FC ROOM	SERV AC CODE	REV CODE DEPT	ROOM AND CARE	CHARGES
05/17/10	422	01 527A	P SURG	110 0605	2 DAYS AT 922.00	1,844.00
					TOTAL ROOM AND CARE	1,844.00
DATE OF SERVICE	BATCH REF	F DEPT S	NDC/CPT-4/ HCPCS	PROC	QTY SERVICE DESCRIPTION	CHARGES
250-PHARMACY						
051710 17B949	0712	071655	E	J0690	1 CEFAZOLIN 500MG (C)	22.00
051710 17B949	0712	071654	B	J0690	1 CEFAZOLIN 500MG (P) IV	22.00
051710 17B949	0712	066126		J1885	1 KETOROLAC TROM 15 MG	102.00
051710 17B925	0712	068555		J2370	1 PHENYLEPHRINE 1% AMP 1	27.00
051710 17B925	0712	070200		J0330	2 SUCCINYLCHOL 200MG VIA	142.00
051710 17B925	0712	071657	E	J0690	2 CEFAZOLIN 500MG (C)	94.00
051710 17B925	0712	071656	B	J0690	2 CEFAZOLIN 500MG (P) VI	94.00
051710 17B965	0712	066126		J1885	1 KETOROLAC TROM 15 MG	102.00
051710 17B864	0712	071657	E	J0690	2 CEFAZOLIN 500MG (C)	94.00
051710 17B864	0712	071656	B	J0690	2 CEFAZOLIN 500MG (P) VI	94.00
051710 17B977	0712	071655	E	J0690	1 CEFAZOLIN 500MG (C)	22.00
051710 17B977	0712	071654	B	J0690	1 CEFAZOLIN 500MG (P) IV	22.00
051710 17B977	0712	066126		J1885	1 KETOROLAC TROM 15 MG	102.00
051710 18B035	0712	064760		J3010	1 FENTANYL .1MG/2ML	57.00
051710 17B925	0712	065210		10019001639	3 GLYCOPYRROLATE V 1ML	171.00
051710 17B925	0712	066297		409427601	1 LIDOCAINE 1% 20 ML	52.00
051710 17B925	0712	067711		517003325	1 NEOSTIGMINE 1:1000	102.00
051710 17B925	0712	069446		10019001320	1 PROPOFOL 200MG/20ML VI	92.00
051710 17B925	0712	070030		409488810	1 SOD CHL 0.9% 10ML	66.00
051710 17B925	0712	071223		409163201	1 VECURONIUM INJ	238.00
051710 17B904	0712	067394		409113403	1 MORPHINE SYR 50MG/50	273.00
051710 17B864	0712	062240		186103401	2 BUPIVACAINE .5% 30ML	194.00

INSURANCE BENEFITS ASSIGNED TO SUMMIT MEDICAL CENTER.

PATIENT NO:	SUMMIT MEDICAL CENTER	BILLING DATE	PAGE	2
MED REC NO:	5655 FRIST BOULEVARD	05/24/10		
GUARANTOR NO:				
PATIENT:	HERMITAGE, TN 37076	ADMITTED	DISCHARGED	
LEECH ONEIDA VON		05/17/10	05/19/10	

REDACTED

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
051710 17B977	0712	067700	591219045	3 NEO/POLY GU IRR AMP	207.00	
051710 17B977	0712	065400	264196510	1 KETASTARCH 6% 500ML	486.00	
051710 18B035	0712	064765	10019009372	1 FENTANYL 5ML A	76.00	
051710 18B035	0712	067309	10019002809	1 MIDAZOLAM 1MG/ML, 2ML	43.00	
051710 18B035	0712	064385	409307331	1 EPHEDRI SUL 50MG AMP	52.00	
051810 18B037	0712	066126	J1885	1 KETOROLAC TROM 15 MG	102.00	
051810 18B082	0712	066126	J1885	1 KETOROLAC TROM 15 MG	102.00	
051810 18B999	0712	071655	E J0690	1 CEFAZOLIN 500MG (C)	22.00	
051810 18B999	0712	071654	B J0690	1 CEFAZOLIN 500MG (P) IV	22.00	
051810 18B999	0712	066126	J1885	1 KETOROLAC TROM 15 MG	102.00	
051810 18B035	0712	064397	75062430	1 ENOXAPARIN 30MG INJ	159.00	
051810 18B035	0712	068867	52268080005	1 PEG 3350(MIRALAX) 17GM	14.00	
051810 18B110	0712	064397	75062430	1 ENOXAPARIN 30MG INJ	159.00	
051910 19B165	0712	064397	75062430	1 ENOXAPARIN 30MG INJ	159.00	
051910 19B165	0712	068867	52268080005	1 PEG 3350(MIRALAX) 17GM	14.00	
051910 19B206	0712	068112	406051262	2 OXYCOD/APAP 5/325 TAB	14.00	
051910 19B165	0712	069837	8290093010	1 SALINE FLUSH 10ML SYRI	27.00	
051910 19B133	0712	068112	406051262	2 OXYCOD/APAP 5/325 TAB	14.00	
				SUBTOTAL:	3960.00	
252-DRUGS/NONGENERIC						
051710 24B750	0715	382625		3 NS POUR BTL 1000ML	255.00	
051910 19B204	0715	382625		1 NS POUR BTL 1000ML	85.00	
				SUBTOTAL:	340.00	
258-IV SOLUTIONS						
051710 24B750	0715	381909		1 NOR.SAL.100CC SINGLE	63.00	
051710 17B947	0715	382250	J7120	1 IV LACT RINGER 1000	85.00	
051710 17B947	0715	382250	J7120	1 IV LACT RINGER 1000	85.00	
051710 18B079	0715	382250	J7120	1 IV LACT RINGER 1000	85.00	
051710 24B750	0715	382056	J7D30	1 IV NORM SALINE 1000	85.00	
051710 24B750	0715	382250	J7120	2 IV LACT RINGER 1000	170.00	
051810 18B080	0715	382250	J7120	1 IV LACT RINGER 1000	85.00	
051810 19B204	0715	382001	J7040	1 IV NORMAL SALINE 500	85.00	
				SUBTOTAL:	743.00	
270-MED-SUR SUPPLIES						
051710 17B948	0718	572876		1 INSPIRATOR 5000 174816	16.00	
051710 17B947	0718	563177		1 BLANKET FULL BODY 4006	27.00	
051710 18B998	0754	321209		18 OXYGEN PER HOUR	396.00	
051710 24B750	0731	013660		1 COBAN 6" STERILE	15.00	
051710 24B750	0731	014178		2 LAMINCTHY ARM CRADLE	126.00	

INSURANCE BENEFITS ASSIGNED TO SUMMIT MEDICAL CENTER.

PATIENT NO:	SUMMIT MEDICAL CENTER	BILLING DATE	PAGE	3
MED REC NO:	5655 FRIST BOULEVARD	05/24/10		
GUARANTOR NO:				
PATIENT:	HERMITAGE, TN 37076	ADMITTED	DISCHARGED	
LEECH ONEIDA VON		05/17/10	05/19/10	

REDACTED

DATE OF SERVICE	BATCH REF	F DEPT S	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
051710 24B750	0718	306203		1 ORTH SOFT ROLL 4"	22.00
051710 24B750	0718	396597		1 SURGIVAC	169.00
051710 24B750	0718	390069		1 AIRWAY MEDIUM ADULT	16.00
051710 24B750	0718	397932		1 TUBE ENDOTRACH 7.0MM	51.00
051710 24B750	0718	596602		2 PRESSURE INFUSER BAG	212.00
051710 24B750	0718	705037		1 MM OXYGEN NASAL CANNUL	9.00
051810 19B132	0754	321209		12 OXYGEN PER HOUR	264.00
				SUBTOTAL:	1323.00
272-STERILE SUPPLY					
051710 17B948	0718	583131		1 SET ADMIN 30 SED LL VN	10.00
051710 17B947	0718	578001		1 IV START KIT CLRPR 501	10.00
051710 17B947	0718	079639		1 INTROCAN 20G X 1 42525	12.00
051710 17B947	0718	583140		1 EXT MACR 2 SMRT 8432 F	17.00
051710 17B947	0718	583128		1 SET ADMIN 115 INFUS ND	30.00
051710 17B947	0718	079618		1 FOOT IMPAD LARGE A-V I	282.00
051710 24B750	0731	080463		1 EXTRCTR SURG CNCL SCRW	870.00
051710 24B750	0731	010407		1 BOVIE TIP EXTENDER	49.00
051710 24B750	0718	010435		2 BULB SYRINGE	34.00
051710 24B750	0718	030062		2 TUBING, SUCTION	58.00
051710 24B750	0718	302301		4 DRES ABD PAD 8X7 1PK	32.00
051710 24B750	0718	302458		1 DRES ADAPTIC 3X8 1PK	23.00
051710 24B750	0718	303302		2 DRES GAUZE SPONG 4X4	32.00
051710 24B750	0718	391014		3 KNIFE BLADE #10 LD	48.00
051710 24B750	0718	393070		1 CLEANER ELECTRO TIP	13.00
051710 24B750	0718	393071		1 PENCIL ELECTROSURG.	62.00
051710 24B750	0718	393075		1 STAPLER, SKIN PROX.	139.00
051710 24B750	0718	398964		2 YANKAUER SUCT. INSTR	38.00
051710 24B750	0731	545377		1 DRILL BIT 4.0 511.417	634.00
051710 24B750	0731	552648		1 NEEDLE PAD DISPOSA-COU	10.00
051710 24B750	0718	563286		1 LINER CANNISTER 1500CC	10.00
051710 24B750	0731	576385		1 REAMING ROD 950 351.70	335.00
051710 24B750	0718	583617		1 TRAY FOLY 16F 350 W/LU	71.00
051710 24B750	0731	701072		1 DRILL BIT 3.2 RAD511.4	716.00
051710 24B750	0731	583708		2 SUTURE ABSB 2-0 CT1 18	88.00
051710 24B750	0731	583709		2 SUTURE ABSBS 0 CT1 18I	88.00
051710 24B750	0731	583710		2 SUTURE ABSRB 1 CT-1 8I	88.00
051710 24B750	0718	011010		1 ESOPHAGEAL MONITOR	71.00
051710 24B750	0718	398970		1 YANKAUER SUCT W/TUBE	33.00
051710 24B750	0718	555740		1 INTROCAN IV SAFETY CAT	12.00

INSURANCE BENEFITS ASSIGNED TO SUMMIT MEDICAL CENTER.

PATIENT NO:	SUMMIT MEDICAL CENTER	BILLING DATE	PAGE	4
MED REC NO:	5655 FRIST BOULEVARD	05/24/10		
GUARANTOR NO:				
PATIENT:	HERMITAGE, TN 37076	ADMITTED	DISCHARGED	
LEECH ONEIDA VCN		05/17/10	05/19/10	

REDACTED

DATE OF SERVICE	BATCH REF	F DEPT S	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
051710 24B750	0718	561058		1 STYLET ADULT 14FR	16.00
051710 24B750	0718	561255		1 LANCET SAFE T PRO 951	119.00
051710 24B750	0718	563176		1 BLOOD & FLUID WARMER242	44.00
051710 24B750	0718	578001		1 IV START KIT CLRPR 501	10.00
051710 24B750	0718	583126		1 NV BLOOD SET SHRT SPK1	42.00
051710 24B750	0718	583128		2 SET ADMIN 115 INFUS ND	60.00
051710 24B750	0718	583133		1 MINIDRP SET U/CV & 2 S	23.00
051710 24B750	0718	583140		1 EXT MACR 2 SHRT 8632 F	17.00
051710 24B750	0718	583143		1 STPCOCK 3WAY MALE LL A	7.00
051710 24B750	0718	583545		1 SENSOR ADULT LNCS 1859	44.00
051710 24B750	0718	584197		1 CIRCUIT VNT 60IN PT EN	27.00
051710 24B750	0731	563552	C1769	2 GUIDEWIRE 3.2MM 357.39	610.00
051810 19B204	0718	583126		1 NV BLOOD SET SHRT SPK1	42.00
051810 19B204	0718	578001		1 IV START KIT CLRPR 501	10.00
051810 19B204	0718	583135		1 EXT MACR SHRT 7 FRM HA	17.00
051810 19B204	0731	076226		1 CATH IV 22G INTRCN FEP	12.00
051810 19B204	0718	079639		2 INTROCAN 20G X 1 42525	24.00
051910 19B209	0731	076226		1 CATH IV 22G INTRCN FEP	12.00-
051910 19B209	0718	079639		1 INTROCAN 20G X 1 42525	12.00-
051910 19B204	0718	302301		1 DRES ABD PAD 8X7 1PK	8.00
051910 19B204	0718	303302		1 DRES GAUZE SPONG 4X4	16.00
051910 19B204	0718	012305		2 XEROFORM GAUZE	34.00
051910 19B204	0718	303302		1 DRES GAUZE SPONG 4X4	16.00
051910 19B204	0718	305155		3 DRES XEROFORM 5X9	51.00
051910 19B204	0718	303302		1 DRES GAUZE SPONG 4X4	16.00
051910 19B204	0718	302301		1 DRES ABD PAD 8X7 1PK	8.00
				SUBTOTAL:	5164.00

278-SUPPLY/IMPLANTS

051710 24B750	0717	573971	C1713	1 HELICAL BLADE 95 456.3	1742.00
051710 24B750	0717	574229	C1713	1 SCREW 5.0 TI L 458.954	531.00
051710 24B750	0717	574332	C1713	1 SCREW 5.0 LK 52 458.95	531.00
051710 24B750	0717	574335	C1713	1 SCREW 5.0 LK 58 458.95	531.00
051710 24B750	0717	574507	C1713	1 NAIL C TR FX 11 456.40	4290.75
				SUBTOTAL:	7625.75

300-LABORATORY

051410 14B608	0736	801193	36415	1 VENIPUNCTURE	36.00
051710 17B901	0736	801193	36415	1 VENIPUNCTURE	36.00
051810 18B997	0736	801193	36415	1 VENIPUNCTURE	36.00
051810 18B997	0736	801193	36415	1 VENIPUNCTURE	36.00

INSURANCE BENEFITS ASSIGNED TO SUMMIT MEDICAL CENTER.

PATIENT NO:	SUMMIT MEDICAL CENTER	BILLING DATE	PAGE	5
MED REC NO:	5655 FRIST BOULEVARD	05/24/10		
GUARANTOR NO:				
PATIENT:	HERMITAGE, TN 37076	ADMITTED	DISCHARGED	
LEECH ONEIDA VON		05/17/10	05/19/10	

REDACTED

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
051910 19B131	19B131	0736	801193	36415	1 VENIPUNCTURE SUBTOTAL:	96.00 180.00
301-LAB/CHEMISTRY						
051410 14B608	14B608	0736	802130	80048	1 BMP TOTAL CALCIUM	291.00
051710 17B943	17B943	0736	802130	80048	1 BMP TOTAL CALCIUM	291.00
051810 18B997	18B997	0736	802140	80053	1 COMP METABOLIC PANEL	325.00
051810 18B997	18B997	0736	801155	84443	1 TSH	233.00
051810 18B997	18B997	0736	800570	83036	1 GLYCOHEMOGLOBIN	58.00
051910 19B131	19B131	0736	802140	80053	1 COMP METABOLIC PANEL SUBTOTAL:	325.00 1523.00
302-LAB/IMMUNOLOGY						
051710 17B901	17B901	0736	8000001	86900	1 ABO TYPE	87.00
051710 17B901	17B901	0736	801020	86901	1 RH TYPE	85.00
051710 17B901	17B901	0736	800100	86850	1 ANTIBODY SCREEN EA	223.00
051710 17B901	17B901	0736	801157	86920	2 CROSMATCH IMM SPIN	504.00
051710 17B901	17B901	0736	801157	86920	2 CROSMATCH IMM SPIN	504.00
051710 17B901	17B901	0736	801157	86920	2 CROSMATCH IMM SPIN	504.00
051710 18B056	18B056	0736	801157	86920	1 CROSMATCH IMM SPIN SUBTOTAL:	252.00 2159.00
305-LAB/HEMATOLOGY						
051410 14B608	14B608	0736	800270	85027	1 HEMOGRAM W PLT NO DIFF	150.00
051710 17B943	17B943	0736	800645	85018	1 HEMOGLOBIN	40.00
051710 17B943	17B943	0736	800640	85014	1 HEMATOCRIT	99.00
051810 18B997	18B997	0736	800270	85027	1 HEMOGRAM W PLT NO DIFF	150.00
051910 19B137	19B137	0736	800270	85027	1 HEMOGRAM W PLT NO DIFF	150.00-
051910 19B131	19B131	0736	800270	85027	1 HEMOGRAM W PLT NO DIFF	150.00
051910 19B131	19B131	0736	800270	85027	1 HEMOGRAM W PLT NO DIFF SUBTOTAL:	150.00 589.00
306-LAB/BACT-MICRO						
051710 17B901	17B901	0736	800099	87075	1 CULTURE ANAEROBIC	279.00
051710 17B901	17B901	0736	801230	87070	1 CULTURE WOUND SUBTOTAL:	333.00 612.00
320-DX X-RAY						
051710 17B905	17B905	0728	316524	76000	1 XR FLUOROSCOPY O-60 MI	571.00
051710 17B905	17B905	0728	319914	73510LT	1 XR HIP UNI 2 + V LT	416.00
051710 17B905	17B905	0728	319914	73510LT	1 XR HIP UNI 2 + V LT	416.00
051710 17B905	17B905	0728	315542	72170	1 XR PELVIS 1/2 VIEWS	621.00
051710 18B042	18B042	0728	315542	72170	1 XR PELVIS 1/2 VIEWS SUBTOTAL:	621.00- 1403.00

INSURANCE BENEFITS ASSIGNED TO SUMMIT MEDICAL CENTER.

PATIENT NO:	SUMMIT MEDICAL CENTER	BILLING DATE	PAGE	6
MED REC NO:	5655 FRIST BOULEVARD			
GUARANTOR NO:				
PATIENT:	HERMITAGE, TN 37076	ADMITTED	DISCHARGED	
LEECH ONEIDA VON		05/17/10	05/19/10	

REDACTED

DATE OF SERVICE	BATCH REF	F DEPT	NDC/CPT-4/HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
		5	PROC			
324-DX X-RAY/CHEST						
051710 14B612	0728	315002	71020	1	XR CHEST 2 V	415.00
					SUBTOTAL:	415.00
360-OR SERVICES						
051710 24B750	0701	321519		1	OR LEVEL 4 BASE RATE	4617.00
051710 24B750	0701	321520		221	OR LEVEL 4 PER MINUTE	13481.00
					SUBTOTAL:	18098.00
370-ANESTHESIA						
051710 24B750	0722	322714		1	ANES LVL4 GEN COMP BAS	528.00
051710 24B750	0722	322715		221	ANES LVL4 GEN EA ADD M	1989.00
					SUBTOTAL:	2517.00
390-BLOOD/STOR-PROC						
051710 17B901	0758	800850	P9016	1	PRBC LR	236.00
051710 17B943	0758	800850	P9016	1	PRBC LR	236.00
051710 17B901	0758	800850	P9016	1	PRBC LR	236.00
051710 17B901	0758	800850	P9016	1	PRBC LR	236.00
051710 18B056	0758	800850	P9016	1	PRBC LR	236.00
					SUBTOTAL:	1180.00
391-BLOOD/ADMIN						
051710 18B033	0758	893247	36430	1	BLOOD TRANSFUSION	685.00
051810 19B163	0758	893247	36430	1	BLOOD TRANSFUSION	685.00
					SUBTOTAL:	1370.00
420-PHYSICAL THERAPY						
051810 18B078	0762	320928	97110GP	1	THER EXERCISES 15 MIN	185.00
051910 19B203	0762	320947	97116GP	2	GAIT TRAINING 15 MIN P	284.00
051910 19B203	0762	320928	97110GP	2	THER EXERCISES 15 MIN	370.00
					SUBTOTAL:	839.00
424-PHYS THERP EVAL OR REEVA						
051810 18B034	0762	320846	97001GP	1	EVALUATION PT	301.00
					SUBTOTAL:	301.00
636-DRUGS/DETAIL CODE						
051710 17B925	0712	071627 E	J2405	1	ONDANSETRON 1MG (C)	57.00
051710 17B925	0712	071627 E	J2405	1	ONDANSETRON 1MG (C)	57.00
051710 17B925	0712	071627 E	J2405	1	ONDANSETRON 1MG (C)	57.00
051710 17B925	0712	071626 B	J2405	1	ONDANSETRON 1MG (P)	57.00
					SUBTOTAL:	228.00
637-DRUGS/SELF ADMIN						
051710 17B929	0712	064215	51079001920	1	DOCUSATE SOD 100MG	17.00-
051710 17B925	0712	071201	78035834	2	VALSARTAN 60 MG TAB	36.00

INSURANCE BENEFITS ASSIGNED TO SUMMIT MEDICAL CENTER.

PATIENT NO:
MED REC NO:
GUARANTOR NO:
PATIENT:
JEECH ONEIDA VON

SUMMIT MEDICAL CENTER

5655 FRIST BOULEVARD

HERMITAGE, TN 37076

BILLING DATE

05/24/10

PAGE 7

ADMITTED

05/17/10

DISCHARGED

05/19/10

REDACTED

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
051710	17B904	0712	065843	169750111	1 INSULIN ASPARTAM 10 UN	3.15
051710	17B864	0712	064733	6096358	1 FAMOTIDINE 20MG	51.00
051710	17B864	0712	069865	67434504	1 SCOPOLAMINE TRANSD	118.00
051710	17B949	0712	065136	51079081120	1 GLIPIZIDE 10MG	17.00
051710	17B904	0712	064215	51079001920	1 DOCUSATE SOD 100MG	17.00
051710	17B977	0712	064215	51079001920	1 DOCUSATE SOD 100MG	17.00
051710	17B977	0712	061615	182006800	1 ASCOR ACID 500MG TAB	14.00
051710	17B977	0712	071435	574916701	1 ZINC SULF 220MG CAP	14.00
051710	17B977	0712	066463	6073161	2 LOVASTATIN 20 MG	70.00
051810	18B082	0712	065136	51079081120	1 GLIPIZIDE 10MG	17.00
051810	18B082	0712	065131	39022310	1 GLIMEPIRIDE 4 MG TAB	14.00
051810	18B035	0712	064215	51079001920	1 DOCUSATE SOD 100MG	17.00
051810	18B035	0712	061615	182006800	1 ASCOR ACID 500MG TAB	14.00
051810	18B035	0712	071435	574916701	1 ZINC SULF 220MG CAP	14.00
051810	18B035	0712	067455	38485120401	1 MULTIVIT (LILLY)	24.00
051810	18B035	0712	061215	51079020620	1 ALLOPURI 300MG TAB	17.00
051810	18B035	0712	066225	378180301	1 LEVOTHYROX .05MG TAB	24.00
051810	18B035	0712	065131	39022310	1 GLIMEPIRIDE 4 MG TAB	14.00
051810	18B035	0712	062363	178081560	1 CALCIUM CITRATE 300 +D	11.00
051810	18B999	0712	065135	51079081020	1 GLIPIZIDE 5MG.	17.00
051810	18B999	0712	068023	186074231	1 OMEPRAZOLE 20 MG	27.00
051810	18B999	0712	065843	169750111	1 INSULIN ASPARTAM 10 UN	3.15
051810	18B110	0712	064215	51079001920	1 DOCUSATE SOD 100MG	17.00
051810	18B110	0712	061615	182006800	1 ASCOR ACID 500MG TAB	14.00
051810	18B110	0712	071435	574916701	1 ZINC SULF 220MG CAP	14.00
051810	18B110	0712	065843	169750111	1 INSULIN ASPARTAM 10 UN	3.15
051810	18B036	0712	065843	169750111	1 INSULIN ASPARTAM 10 UN	3.15
051810	18B110	0712	066463	6073161	2 LOVASTATIN 20 MG	70.00
051910	19B165	0712	064215	51079001920	1 DOCUSATE SOD 100MG	17.00
051910	19B165	0712	061615	182006800	1 ASCOR ACID 500MG TAB	14.00
051910	19B165	0712	071435	574916701	1 ZINC SULF 220MG CAP	14.00
051910	19B165	0712	061215	51079020620	1 ALLOPURI 300MG TAB	17.00
051910	19B165	0712	066225	378180301	1 LEVOTHYROX .05MG TAB	24.00
051910	19B165	0712	065131	39022310	1 GLIMEPIRIDE 4 MG TAB	14.00
051910	19B165	0712	062363	178081560	1 CALCIUM CITRATE 300 +D	11.00
051910	19B165	0712	067455	38485120401	1 MULTIVIT (LILLY)	24.00
051910	19B206	0712	065136	51079081120	1 GLIPIZIDE 10MG	17.00
051910	19B206	0712	065843	169750111	1 INSULIN ASPARTAM 10 UN	3.15
051910	19B206	0712	065131	39022310	1 GLIMEPIRIDE 4 MG TAB	14.00

INSURANCE BENEFITS ASSIGNED TO SUMMIT MEDICAL CENTER.

PATIENT NO:	SUMMIT MEDICAL CENTER	BILLING DATE	PAGE
ED REC NO:	5655 FRIST BOULEVARD	05/24/10	8
GUARANTOR NO:			
PATIENT:	HERMITAGE, TN 37076	ADMITTED	DISCHARGED
EECH ONEIDA VON		05/17/10	05/19/10

REDACTED

DATE OF SERVICE	BATCH REF	F DEPT S	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
051910	19B133	0712	065135	51079081020 1 GLIPIZIDE 5MG.	17.00
051910	19B133	0712	068023	186074231 1 OMEPRAZOLE 20 MG	27.00
051910	19B166	0712	065843	169750111 1 INSULIN ASPARTAM 10 UN	3.15
				SUBTOTAL:	890.90
710-RECOVERY ROOM					
051710	17B902	0704	321581	1 PACU LVL 1 BASE RATE	332.00
051710	17B902	0704	321582	60 PACU LVL 1 PER MINUTE SUBTOTAL:	900.00
					1232.00
899-NON-CHARGEABLE ITEMS					
051710	17B924	0731	006699	1 NON-CHARGE	.00
051710	17B945	0731	006699	1 NON-CHARGE	.00
051810	18B998	0731	006699	1 NON-CHARGE	.00
051810	18B078	0731	006699	1 NON-CHARGE SUBTOTAL:	.00
				TOTAL ANCILLARY CHARGES	52692.65
				TOTAL CHARGES	54536.65
				PAYMENTS	.00
				ADJUSTMENTS	.00
				BALANCE	54536.65

INSURANCE BENEFITS ASSIGNED TO SUMMIT MEDICAL CENTER.

PATIENT NO: SUMMIT MEDICAL CENTER BILLING DATE PAGE 9
MED REC NO: 5655 FRIST BOULEVARD 05/24/10
GUARANTOR NO:
PATIENT: HERMITAGE, TN 37076 ADMITTED DISCHARGED
LEECH ONEIDA VON 05/17/10 05/19/10

REDACTED

DEPARTMENTAL CHARGE SUMMARY		
DEPT	DESCRIPTION	AMOUNT
0605	S FL ORTHO/SURG	1,644.00
0701	SURGERY	18,098.00
0704	POST ANESTHESIA CARE	1,232.00
0712	PHARMACY	5,078.90
0715	IV THERAPY	1,083.00
0717	SURGICAL IMPLANT	7,625.75
0718	MATERIALS MANAGEMENT	2,198.00
0722	OR ANESTHESIA	2,517.00
0728	RADIOLOGY	1,818.00
0731	OR SUPPLIES	3,629.00
0736	LABORATORY	5,063.00
0754	RESP THERAPY	660.00
0758	BLOOD	2,550.00
0762	PHYSICAL THERAPY	1,140.00

TOTAL CHARGES:	54,536.65
TOTAL PAYMENTS:	.00
TOTAL ADJUST:	.00

MAKE CHECKS PAYABLE TO:

Physiotherapy Associates 60479
425 Henslee Dr

Dickson, TN 37055-2166

IF PAYING BY CREDIT CARD, FILL OUT BELOW			
CHECK CARD USING FOR PAYMENT			
 <input type="checkbox"/> MASTERCARD  <input type="checkbox"/> VISA			
CARD NUMBER		CVV	AMOUNT
SIGNATURE		EXP DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR	
03/02/11	\$0.00		
		SHOW AMOUNT PAID HERE	\$

STATEMENT

REDACTED

ADDRESSEE:

REMIT TO:

LEECH, ONEIDA V

Physiotherapy Associates 60479

425 Henslee Dr

Dickson, TN 37055-2166

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT
(877) 747-4449

DATE	PATIENT	PROVIDER	SERVICE	DESCRIPTION OF SERVICE	CHARGE	INSUR RECEIPT	PATIENT RECEIPT	ADJUST	INSUR BALANCE	PATIENT BALANCE
07/01/10	ONEIDA	Crider	97140	Manual therapy, ea 15 mins	\$66.00	\$26.53		\$39.47	\$0.00	\$0.00
07/01/10	ONEIDA	Crider	97110	Therapeutic Exercise	\$140.00	\$56.64		\$83.36	\$0.00	\$0.00
07/01/10	ONEIDA	Crider	97010	Hot or cold packs	\$41.00	\$0.00		\$41.00	\$0.00	\$0.00
07/06/10	ONEIDA	Crider	97110	Therapeutic Exercise	\$210.00	\$84.96		\$125.04	\$0.00	\$0.00
07/06/10	ONEIDA	Crider	97010	Hot or cold packs	\$0.00	\$0.00			\$0.00	\$0.00
07/06/10	ONEIDA	Yamin	VOID	Void	\$0.00				\$0.00	\$0.00
07/08/10	ONEIDA	Crider	97010	Hot or cold packs	\$0.00	\$0.00			\$0.00	\$0.00
07/08/10	ONEIDA	Crider	97110	Therapeutic Exercise	\$210.00	\$84.96		\$125.04	\$0.00	\$0.00
07/13/10	ONEIDA	Crider	97110	Therapeutic Exercise	\$140.00	\$56.64		\$83.36	\$0.00	\$0.00
07/13/10	ONEIDA	Crider	97010	Hot or cold packs	\$0.00	\$0.00			\$0.00	\$0.00
07/13/10	ONEIDA	Crider	97530	Therapeutic activities, ea 15	\$64.00	\$30.39		\$33.61	\$0.00	\$0.00
08/31/10	ONEIDA	Crider	97110	Therapeutic Exercise	\$140.00	\$11.33		\$0.00	\$128.67	\$0.00
08/31/10	ONEIDA	Crider	97001	PT Evaluation	\$162.00	\$14.05		\$0.00	\$147.95	\$0.00
09/07/10	ONEIDA	Crider	97116	Gait training, ea 15 mins	\$53.00	\$5.02		\$0.00	\$47.98	\$0.00
09/07/10	ONEIDA	Crider	97110	Therapeutic Exercise	\$210.00	\$16.99		\$0.00	\$193.01	\$0.00
09/14/10	ONEIDA	Crider	97110	Therapeutic Exercise	\$210.00	\$16.99		\$0.00	\$193.01	\$0.00
09/21/10	ONEIDA	Crider	97110	Therapeutic Exercise	\$210.00	\$16.99		\$0.00	\$193.01	\$0.00

#1726
2025
3751

ACCOUNT NBR	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE
	\$903 63	\$0 00	\$0.00	\$0.00	\$0 00	\$903 63

MESSAGE:

We have moved to a new billing system. You may receive 2 statements. This is not an error. If you have any questions, please contact our billing office.

**PLEASE PAY
THIS AMOUNT »»» \$0.00**

**** PAYMENT DUE UPON RECEIPT * THANK YOU ****

03/03/11

Statement of Account
PHYSIOTHERAPY ASSOC-OHIO
 2655 COMMONS BLVD
 BEAVERCREEK, OH 45431
 (866) 774-9923

Page 1

JAY ROTHMAN

Acct#

REDACTED

Patient Name: JAY ROTHMAN For Dates: 01/01/1980 - 03/02/2011

Dt Serv	Procedure	Description	Charges	Adjusts	Insurance Payments	Patient Payments	Total Payments	Balance
04/13/10	UHCVISIT	UHC VISIT	40.00	0.00	0.00	40.00	40.00	0.00
04/13/10	97001	PHYSICAL THERAPY EVA	162.00	162.00	0.00	0.00	0.00	0.00
04/13/10	97110	THERAPEUTIC PROCEDUR	70.00	70.00	0.00	0.00	0.00	0.00
04/13/10	97140	MANUAL THERAPY THECH	66.00	66.00	0.00	0.00	0.00	0.00
04/19/10	UHCVISIT	UHC VISIT	40.00	0.00	0.00	40.00	40.00	0.00
04/19/10	97110	THERAPEUTIC PROCEDUR	140.00	140.00	0.00	0.00	0.00	0.00
04/19/10	97140	MANUAL THERAPY THECH	66.00	66.00	0.00	0.00	0.00	0.00
04/19/10	97035	ULTRASOUND - 15 MIN	52.00	52.00	0.00	0.00	0.00	0.00
04/26/10	UHCVISIT	UHC VISIT	40.00	0.00	0.00	40.00	40.00	0.00
04/26/10	97110	THERAPEUTIC PROCEDUR	70.00	70.00	0.00	0.00	0.00	0.00
04/26/10	97140	MANUAL THERAPY THECH	132.00	132.00	0.00	0.00	0.00	0.00
04/26/10	97010	HOT/COLD PACK	41.00	41.00	0.00	0.00	0.00	0.00
04/26/10	G0283	ELECTRICAL STIM-NOT	57.00	57.00	0.00	0.00	0.00	0.00
05/03/10	NOSHOW	NO SHOW/CANCELLATION	0.00	0.00	0.00	0.00	0.00	0.00
05/06/10	97110	THERAPEUTIC PROCEDUR	70.00	70.00	0.00	0.00	0.00	0.00
05/06/10	97140	MANUAL THERAPY THECH	132.00	132.00	0.00	0.00	0.00	0.00
05/06/10	97035	ULTRASOUND - 15 MIN	52.00	52.00	0.00	0.00	0.00	0.00
05/06/10	97010	HOT/COLD PACK	41.00	41.00	0.00	0.00	0.00	0.00
05/06/10	G0283	ELECTRICAL STIM-NOT	57.00	57.00	0.00	0.00	0.00	0.00
05/06/10	UHCVISIT	UHC VISIT	40.00	0.00	0.00	0.00	0.00	40.00
05/17/10	UHCVISIT	UHC VISIT	40.00	0.00	0.00	40.00	40.00	0.00
05/17/10	97110	THERAPEUTIC PROCEDUR	70.00	70.00	0.00	0.00	0.00	0.00
05/17/10	97140	MANUAL THERAPY THECH	132.00	132.00	0.00	0.00	0.00	0.00
05/17/10	97035	ULTRASOUND - 15 MIN	52.00	52.00	0.00	0.00	0.00	0.00
05/17/10	97010	HOT/COLD PACK	41.00	41.00	0.00	0.00	0.00	0.00
05/17/10	G0283	ELECTRICAL STIM-NOT	57.00	57.00	0.00	0.00	0.00	0.00
05/24/10	UHCVISIT	UHC VISIT	40.00	0.00	0.00	40.00	40.00	0.00
05/24/10	97110	THERAPEUTIC PROCEDUR	70.00	70.00	0.00	0.00	0.00	0.00
05/24/10	97140	MANUAL THERAPY THECH	132.00	132.00	0.00	0.00	0.00	0.00
05/24/10	97010	HOT/COLD PACK	41.00	41.00	0.00	0.00	0.00	0.00
05/24/10	G0283	ELECTRICAL STIM-NOT	57.00	57.00	0.00	0.00	0.00	0.00
Totals			2100.00	1860.00	0.00	200.00	200.00	40.00
Unapplied Credits			0.00					
Account Balance			40.00					

03/03/11

Statement of Account
 PHYSIOTHERAPY ASSOC-NASHVILLE
 425 HENSLEE DRIVE
 DICKSON, TN 37055
 (866) 774-9930

Page 1

ONEIDA LEECH

Acct#

REDACTED

Patient Name: ONEIDA LEECH For Dates: 01/01/1980 - 03/02/2011

Dt Serv	Procedure	Description	Charges	Adjusts	Insurance Payments	Patient Payments	Total Payments	Balance
01/11/10	97001	PHYSICAL THERAPY EVA	131.00	64.68	66.32	0.00	66.32	0.00
01/11/10	97110	THERAPEUTIC PROCEDUR	118.00	64.62	53.38	0.00	53.38	0.00
01/11/10	97035	ULTRASOUND - 15 MIN	35.00	23.84	11.16	0.00	11.16	0.00
01/14/10	97110	THERAPEUTIC PROCEDUR	236.00	129.24	106.76	0.00	106.76	0.00
01/18/10	97110	THERAPEUTIC PROCEDUR	177.00	96.93	80.07	0.00	80.07	0.00
01/18/10	97035	ULTRASOUND - 15 MIN	35.00	23.84	11.16	0.00	11.16	0.00
01/20/10	97110	THERAPEUTIC PROCEDUR	177.00	96.93	80.07	0.00	80.07	0.00
01/20/10	97035	ULTRASOUND - 15 MIN	35.00	23.84	11.16	0.00	11.16	0.00
01/22/10	97110	THERAPEUTIC PROCEDUR	177.00	96.93	80.07	0.00	80.07	0.00
01/22/10	97035	ULTRASOUND - 15 MIN	35.00	23.84	11.16	0.00	11.16	0.00
01/25/10	97110	THERAPEUTIC PROCEDUR	177.00	96.93	80.07	0.00	80.07	0.00
01/25/10	97035	ULTRASOUND - 15 MIN	35.00	23.84	11.16	0.00	11.16	0.00
01/26/10	97110	THERAPEUTIC PROCEDUR	118.00	64.62	53.38	0.00	53.38	0.00
01/26/10	97530	THERAPEUTIC ACTIVITI	59.00	30.42	28.58	0.00	28.58	0.00
01/26/10	97035	ULTRASOUND - 15 MIN	35.00	23.84	11.16	0.00	11.16	0.00
01/28/10	97110	THERAPEUTIC PROCEDUR	118.00	64.62	53.38	0.00	53.38	0.00
01/28/10	97530	THERAPEUTIC ACTIVITI	59.00	30.42	28.58	0.00	28.58	0.00
01/28/10	97035	ULTRASOUND - 15 MIN	35.00	23.84	11.16	0.00	11.16	0.00
02/02/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
02/02/10	97035	ULTRASOUND - 15 MIN	35.00	24.00	0.00	0.00	0.00	11.00
02/04/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
02/04/10	97035	ULTRASOUND - 15 MIN	35.00	24.00	0.00	0.00	0.00	11.00
02/08/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
02/08/10	97010	HOT/COLD PACK	34.00	34.00	0.00	0.00	0.00	0.00
02/08/10	97035	ULTRASOUND - 15 MIN	35.00	24.00	0.00	0.00	0.00	11.00
02/10/10	97110	THRAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
02/10/10	97035	ULTRASOUND - 15 MIN	35.00	24.00	0.00	0.00	0.00	11.00
02/12/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
02/12/10	97035	ULTRASOUND - 15 MIN	35.00	24.00	0.00	0.00	0.00	11.00
02/12/10	97010	HOT/COLD PACK	34.00	34.00	0.00	0.00	0.00	0.00
02/17/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
02/17/10	97116	GAIT TRAINING	49.00	25.70	0.00	0.00	0.00	23.30
02/17/10	97010	HOT/COLD PACK	34.00	34.00	0.00	0.00	0.00	0.00
02/19/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
02/19/10	97116	GAIT TRAINING	49.00	25.70	0.00	0.00	0.00	23.30
02/19/10	97010	HOT/COLD PACK	34.00	34.00	0.00	0.00	0.00	0.00
2/22/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
2/22/10	97530	THERAPEUTIC ACTIVITI	59.00	31.05	0.00	0.00	0.00	27.95
2/26/10	97110	THERAPEUTIC PROCEDUR	236.00	129.56	0.00	0.00	0.00	106.44
2/26/10	97010	HOT/COLD PACK	34.00	34.00	0.00	0.00	0.00	0.00
3/02/10	97110	THERAPEUTIC PROCEDUR	236.00	129.56	0.00	0.00	0.00	106.44
3/02/10	97010	HOT/COLD PACK	34.00	34.00	0.00	0.00	0.00	0.00
3/04/10	97110	THERAPEUTIC PROCEDUR	236.00	129.56	0.00	0.00	0.00	106.44
3/04/10	97010	HOT/COLD PACK	34.00	34.00	0.00	0.00	0.00	0.00
3/09/10	97110	THERAPEUTIC PROCEDUR	236.00	129.56	169.92	0.00	169.92	-63.48

03/03/11

Statement of Account
PHYSIOTHERAPY ASSOC-NASHVILLE
425 HENSLER DRIVE
DICKSON, TN 37055
(865) 774-9930

Page 2

ONEIDA LEECH

Acct#

REDACTED

Patient Name: ONEIDA LEECH For Dates: 01/01/1980 - 03/02/2011

Dt Serv	Procedure	Description	Charges	Adjusts	Insurance Payments	Patient Payments	Total Payments	Balance
03/11/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
03/11/10	97140	MANUAL THERAPY TECHN	58.00	33.29	0.00	0.00	0.00	24.71
03/16/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
03/16/10	97116	GAIT TRAINING	49.00	25.70	0.00	0.00	0.00	23.30
03/18/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
03/18/10	97140	MANUAL THERAPY TECHN	58.00	33.29	0.00	0.00	0.00	24.71
03/23/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
03/23/10	97116	GAIT TRAINING	49.00	25.70	0.00	0.00	0.00	23.30
03/25/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
03/25/10	97010	HOT/COLD PACK	34.00	34.00	0.00	0.00	0.00	0.00
03/30/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
03/30/10	97530	THERAPEUTIC ACTIVITI	59.00	31.05	0.00	0.00	0.00	27.95
03/31/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
03/31/10	97140	MANUAL THERAPY TECHN	58.00	33.29	0.00	0.00	0.00	24.71
04/07/10	97110	THERAPEUTIC PROCEDUR	210.00	130.17	90.32	0.00	90.32	-10.49
04/07/10	97530	THERAPEUTIC ACTIVITI	64.00	36.05	0.00	0.00	0.00	27.95
04/08/10	97110	THERAPEUTIC PROCEDUR	210.00	130.17	0.00	0.00	0.00	79.83
04/08/10	97530	THERAPEUTIC ACTIVITI	64.00	36.05	0.00	0.00	0.00	27.95
04/13/10	97110	THERAPEUTIC PROCEDUR	210.00	130.17	0.00	0.00	0.00	79.83
04/13/10	97530	THERAPEUTIC ACTIVITI	64.00	36.05	0.00	0.00	0.00	27.95
04/15/10	97110	THERAPEUTIC PROCEDUR	210.00	130.17	0.00	0.00	0.00	79.83
04/15/10	97530	THERAPEUTIC ACTIVITI	64.00	36.05	0.00	0.00	0.00	27.95
06/01/10	97001	PHYSICAL THERAPY EVA	162.00	95.50	143.03	0.00	143.03	-76.53
06/01/10	97110	THERAPEUTIC PROCEDUR	140.00	86.78	0.00	0.00	0.00	53.22
06/03/10	97110	THERAPEUTIC PROCEDUR	210.00	130.17	0.00	0.00	0.00	79.83
06/03/10	97010	HOT/COLD PACK	41.00	41.00	0.00	0.00	0.00	0.00
06/08/10	97110	THERAPEUTIC PROCEDUR	210.00	130.17	0.00	0.00	0.00	79.83
06/08/10	97010	HOT/COLD PACK	41.00	41.00	0.00	0.00	0.00	0.00
06/10/10	97110	THERAPEUTIC PROCEDUR	210.00	130.17	0.00	0.00	0.00	79.83
06/10/10	97010	HOT/COLD PACK	41.00	41.00	0.00	0.00	0.00	0.00
06/15/10	97110	THERAPEUTIC PROCEDUR	210.00	130.17	0.00	0.00	0.00	79.83
06/15/10	97010	HOT/COLD PACK	41.00	41.00	0.00	0.00	0.00	0.00
06/22/10	97110	THERAPEUTIC PROCEDUR	140.00	86.78	0.00	0.00	0.00	53.22
06/22/10	97116	GAIT TRAINING	53.00	29.70	0.00	0.00	0.00	23.30
06/22/10	97010	HOT/COLD PACK	41.00	41.00	0.00	0.00	0.00	0.00
06/24/10	97110	THERAPEUTIC PROCEDUR	140.00	86.78	0.00	0.00	0.00	53.22
06/24/10	97116	GAIT TRAINING	53.00	29.70	0.00	0.00	0.00	23.30
06/24/10	97010	HOT/COLD PACK	41.00	41.00	0.00	0.00	0.00	0.00
06/29/10	97110	THERAPEUTIC PROCEDUR	210.00	130.17	0.00	0.00	0.00	79.83
06/29/10	97010	HOT/COLD PACK	41.00	41.00	0.00	0.00	0.00	0.00
2025.00								
Totals			9447.00	5653.75	1192.05	0.00	1192.05	2601.20
Applied Credits			0.00					
Account Balance								2601.20